

STUDENT REGISTRATION FORM – 2017/18



Date: _____ Staff: _____

1819 Capilano Road, North Vancouver, BC | (604) 770.4650 | www.driftwooddance.com

Student Name: _____

Returning Student: YES NO IF YES – has any of your contact information changed? YES NO

Home Address: _____ City & Province: _____

Home Telephone #: _____ Postal Code: _____

Birthdate (M/D/Y): ____ / ____ / ____ Age: _____ Academic School: _____

How did you hear about DDA? _____ (If by referral, please list contact)

Parent/Guardian 1 Name: _____ Relationship: _____

P/G 1 Cell #: _____ **PRIMARY** Email: _____

Parent/Guardian 2 Name: _____ Relationship: _____

P/G 2 Cell #: _____ **SECONDARY** Email: _____

Emergency Contact Name: _____ Relationship: _____

EC Cell #: _____ EC Email: _____

Does your dancer have permission to participate in our Year-End Recitals, week of June 4 – 11, 2018 YES NO

Please advise of any medical circumstances that may affect the student's participation (allergy, injury, condition, etc.):

Please advise of any additional student/family information that would be useful for our studio administration/faculty:

PARTICIPATION AGREEMENT: I understand that dance classes may include, without limitation, stretching, barre work, floor combinations, center work, dancing with props, and other movement related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. I agree to release, waive, discharge, and hold harmless Driftwood Dance Academy Inc., its owners, its instructors, and its employees from any liability, claims, actions or losses for bodily injury, property loss/damage, or otherwise which arise out of my child's participation in services provided by Driftwood Dance Academy Inc.

I also authorize Driftwood Dance Academy Inc. to take all reasonable steps to respond to medical emergencies and to seek medical treatment in the case of an injury. I understand that all registered dancers are expected to wear appropriate dance attire and footwear, as outlined in the *Dress Code*, in order to participate safely in class.

Additionally, I consent to allow photographs/videos of my son/daughter to be used by Driftwood Dance Academy Inc. for promotional materials. I approve that these photographs/videos may be used for but are not limited to studio advertisements, articles, brochures, along with the Driftwood Dance Academy website, and all social media outlets.

Student's Care Card #: ____ / ____ / ____

Family Doctor Contact: Name _____ Phone # _____

SIGNATURE REQUIRED ON FLIPSIDE

FEES & PAYMENT SCHEDULE

IN FULL _____

MONTHLY 1st SUM (Two months' tuition + Membership) _____

COSTUME FEES _____



MONTHLY FEES

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
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Credit Card Number: _____

Cardholder Name: _____

Expiry Date: _____

REGISTRATION POLICIES

PLEASE INITIAL AFTER EACH POLICY

ABSENCES - Absences for personal reasons (such as sickness, conflicting commitments, appointments, etc.) will not result in discounted tuition or make-up classes. Students are permitted 3 absences per term, after which their enrolment will be called into review. The student's eligibility to participate in and perform with their class(es) may be revoked at the discretion of the Directors and Faculty. INITIAL _____

WITHDRAWALS - To formally withdraw, a *Withdrawal Form* must be submitted by the 1st of the month in order to stop all future payments. Withdrawal deadline is October 31, 2017 for all Performing Company classes and all registrations paid in full. Withdrawal deadline is January 31, 2018 for all Recreational classes. Prolonged absences, phone messages or verbal notice are not acceptable forms of withdrawal. Medical withdrawals supported with sufficient documentation will be granted tuition credit to be used towards future classes within the next calendar year and may be used by immediate family. INITIAL _____

STOP PAYMENTS - Student withdrawals completed after the withdrawal deadlines of October 31, 2017 (for Performing Company classes) and January 31, 2018 (for Recreational classes) are not eligible for stop payments. Payments will continue to be processed until all past fees are collected in full. INITIAL _____

REFUNDS - All registration payments, monthly payments, costumes and festival fees are non-refundable once completed. Refunds are not available to Infant/Toddler sessions or Preschool Term classes. Registrations paid in full by Sept 10, 2017 are eligible for withdrawal until October 31, 2017 and will result in a refund, less the studio membership + Fall term tuition (equivalent to 15 weeks). INITIAL _____

- I, the undersigned, authorize the processing of tuition payments for the 2017/2018 dance season as outlined above.
- If registering for a class offered on a Term or Session basis, I understand that tuition is required in full and is non-refundable.
- I am informed of the withdrawal policies and will accept their complete application should my student choose to discontinue attending classes.
- I recognize that a service charge of \$25 will be applied to all cheques that are returned/NSF and all unsuccessful processing attempts for credit cards.
- I acknowledge that DDA reserves the right to cancel classes due to insufficient enrolment (tuition will be refunded less the amount for classes taken).
- I, the undersigned, have read, understood and agree to the participation agreement, registration policies and terms as outlined above.

PARENT NAME (please print): _____

PARENT SIGNATURE: _____

DATE SIGNED: _____