



REGISTRATION & RELEASE 2020-2021

DANCER NAME*: _____

FIRST

LAST

DATE OF BIRTH*: _____ / _____ / _____
MONTH DAY YEAR

ALLERGIES/MEDICAL CONDITIONS: _____

ADDRESS*: STREET: _____ UNIT#: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE NUMBER*: _____

PARENT/GUARDIAN #1 RELATIONSHIP*: _____

FIRST NAME*: _____ LAST NAME*: _____

EMAIL ADDRESS*: _____

CELL NUMBER*: _____ WORK NUMBER: _____

PARENT/GUARDIAN #2 RELATIONSHIP*: _____

FIRST NAME*: _____ LAST NAME*: _____

EMAIL ADDRESS*: _____

CELL NUMBER*: _____ WORK NUMBER: _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

CONTACT FULL NAME*: _____

RELATIONSHIP*: _____ PHONE NUMBER*: _____

HOW DID YOU HEAR ABOUT US?

DOOR HANGER FLYER INTERNET SEARCH SOCIAL MEDIA SIGN WEBSITE

FAMILY/FRIEND NAME OF FAMILY/FRIEND: _____

PREVIOUS STUDIO NAME: _____ # OF YEARS OF DANCE: _____

RELEASE & ASSUMPTION OF RISK

I, THE UNDERSIGNED, HAVE RECEIVED, READ AND AGREE TO EMOTION DANCE COMPANY'S 'CLASS GUIDELINES: COVID-19' AND 'STUDIO POLICIES' FOR 2020-2021.

I, THE UNDERSIGNED, UNDERSTAND THAT PARTICIPATION IN DANCING AND DANCE CLASSES IS VOLUNTARY, AND INVOLVES INHERENT RISK DURING PARTICIPATION, INCLUDING THE RISK OF POSSIBLE ACCIDENTS, PHYSICAL INJURY, OR EXPOSURE TO THE COVID-19 VIRUS OR OTHER INFECTIONS OR INFECTIOUS DISEASES AS A RESULT OF ATTENDING TRAINING, STUDIO EVENTS OR COMPETITIVE EVENTS. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY, DISEASE TRANSMISSION, DEATH, PROPERTY DAMAGE OR LOSS, RESULTING FROM MY PARTICIPATION. I HAVE CAREFULLY CONSIDERED THE RISKS INVOLVED, AND I HAVE FULL CONFIDENCE THAT REASONABLE PRECAUTIONS WILL BE TAKEN TO ENSURE THE SAFETY AND WELL-BEING OF MYSELF/ CHILD.

I, THE UNDERSIGNED, DO HEREBY RELEASE EMOTION DANCE COMPANY, 6900062 CANADA INC., ALL PROGRAM STAFF, TEACHERS AND/OR ANY PERSONS INVOLVED WITH THE DIRECTION AND ORGANIZATION OF EMOTION DANCE COMPANY FROM ALL CLAIMS FOR DAMAGES ARISING FROM ACCIDENTS, INJURIES, ILLNESS OR DISEASE TRANSMISSION INCLUDING THE COVID-19 VIRUS WHICH ARE CAUSED BY OR ARISE FROM PARTICIPATION BY MYSELF/CHILD, NAMED ON THIS FORM, IN ANY FACILITY OR AT ANY LOCATION WHERE EMOTION DANCE COMPANY IS BEING HELD. IN THE EVENT OF AN ACCIDENT, INJURY OR ILLNESS INVOLVING MYSELF/CHILD WHILE ATTENDING EMOTION DANCE COMPANY, I HEREBY AUTHORIZE THE ADMINISTRATION OF ANY MEDICAL PROCEDURE DEEMED NECESSARY BY A PHYSICIAN SELECTED BY THE PROGRAM STAFF. I GIVE PERMISSION FOR MYSELF/CHILD TO BE TRANSPORTED TO THE HOSPITAL, WITH NO LIABILITY ON THE DRIVER'S PART. AN AMBULANCE MAY BE CALLED TO TRANSPORT MYSELF/CHILD TO THE HOSPITAL IF REQUIRED.

I, THE UNDERSIGNED, DO HEREBY CONSENT AND AGREE THAT EMOTION DANCE COMPANY, 6900062 CANADA INC., ITS EMPLOYEES, OR AGENTS HAVE THE RIGHT TO TAKE PHOTOGRAPHS, VIDEOTAPE OR DIGITAL RECORDINGS OF MYSELF/CHILD IN HIS OR HER DANCE CLASS AND ALL DANCE PRODUCTIONS AND TO USE THESE IN ANY AND ALL MEDIA, NOW OR HEREAFTER KNOWN, AND EXCLUSIVELY FOR THE PURPOSE OF ADVERTISING AND PROMOTION. I UNDERSTAND THAT MY/CHILD'S NAME AND IDENTITY WILL NOT BE REVEALED THEREIN OR BY DESCRIPTIVE TEXT OR COMMENTARY. I DO HEREBY RELEASE TO EMOTION DANCE COMPANY ITS AGENTS AND EMPLOYEES ALL RIGHTS TO EXHIBIT THIS WORK IN PRINT AND ELECTRONIC FORM PUBLICLY OR PRIVATELY AND TO PRODUCE COPIES. I WAIVE ANY RIGHTS, CLAIMS OR INTEREST I MAY HAVE TO CONTROL THE USE OF THEIR LIKENESS IN WHATEVER MEDIA USED. I UNDERSTAND THAT THERE WILL BE NO FINANCIAL OR OTHER REMUNERATION FOR RECORDING THEM, EITHER FOR INITIAL OR SUBSEQUENT TRANSMISSION OR PLAYBACK. I ALSO UNDERSTAND THAT EMOTION DANCE COMPANY IS NOT RESPONSIBLE FOR ANY EXPENSE OR LIABILITY INCURRED AS A RESULT OF THEIR PARTICIPATION IN THIS RECORDING, INCLUDING MEDICAL EXPENSES DUE TO ANY SICKNESS OR INJURY INCURRED AS A RESULT.

PARENT/GUARDIAN: I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT NAMED ABOVE AND THAT I AM ENTITLED TO HIS OR HER CUSTODY AND CONTROL. I UNDERSTAND THE INHERENT RISKS THAT COULD ARISE FROM THESE ACTIVITIES, I GRANT PERMISSION FOR MY SON/DAUGHTER/CHILD TO PARTICIPATE IN THE DANCE ACTIVITY AND OTHER ACTIVITIES INCIDENTAL THERETO AND I EXECUTE THIS ASSUMPTION OF RISK AND WAIVER ON BEHALF OF MYSELF AND MY SON/DAUGHTER/CHILD.

PARENT/GUARDIAN*: _____

DATE*: _____

RECREATIONAL

DAY OF CLASS

<input type="checkbox"/> TWINKLE TOES	<input type="checkbox"/> PRE-PRIMARY 1	<input type="checkbox"/> PRE-PRIMARY 2	<input type="checkbox"/> YOUTH BALLET 1/2	-----
<input type="checkbox"/> KIDS KOMBO 1	<input type="checkbox"/> KIDS KOMBO 2	<input type="checkbox"/> KIDS KOMBO 3		-----
<input type="checkbox"/> YOUTH JAZZ 1	<input type="checkbox"/> YOUTH CONTEMPORARY/JAZZ 2			-----
<input type="checkbox"/> YOUTH TAP 1				-----
<input type="checkbox"/> KINDER ACRO	<input type="checkbox"/> KIDS ACRO	<input type="checkbox"/> YOUTH ACRO 1	<input type="checkbox"/> YOUTH ACRO 2	-----
<input type="checkbox"/> KINDER HIP HOP	<input type="checkbox"/> KIDS HIP HOP	<input type="checkbox"/> YOUTH HIP HOP 1	<input type="checkbox"/> YOUTH HIP HOP 2	-----
<input type="checkbox"/> MUSICAL THEATRE				-----
<input type="checkbox"/> ADULT BEGINNER CONTEMPORARY/JAZZ	<input type="checkbox"/> ADULT INTER/ADV OPEN/JAZZ			-----
<input type="checkbox"/> ADULT BEGINNER TAP	<input type="checkbox"/> ADULT INTERMEDIATE/ADVANCED TAP			-----
<input type="checkbox"/> ADULT HIP HOP				-----

COMPETITIVE DANCERS MUST BE RECOMMENDED FOR THE FOLLOWING CLASSES.

<input type="checkbox"/> MICRO MINI CO.	<input type="checkbox"/> MINI CO.	<input type="checkbox"/> JUNIOR CO.	<input type="checkbox"/> PART-TIME CO.
<input type="checkbox"/> INTERMEDIATE CO.	<input type="checkbox"/> TEEN CO.	<input type="checkbox"/> SENIOR CO.	

SYLLABUS DANCERS MUST BE RECOMMENDED FOR THE FOLLOWING CLASSES.

<input type="checkbox"/> PRIMARY FREE	<input type="checkbox"/> STANDARD 1/GRADE 1	<input type="checkbox"/> STANDARD 2/GRADE 2
<input type="checkbox"/> GRADE 2/3	<input type="checkbox"/> GRADE 3/4	<input type="checkbox"/> GRADE 6/INTERMEDIATE

FOR OFFICE USE ONLY

FEES

RECREATIONAL REGISTRATION FEE	\$35.00/\$55.00	+HST	DEBIT	M/C	VISA	CASH	CHEQUE
RECREATIONAL DANCE BUG FEE	\$25.00/FAMILY	+HST	DEBIT	M/C	VISA	CASH	CHEQUE
COMPETITIVE REGISTRATION FEE	\$55.00/\$80.00	+HST	DEBIT	M/C	VISA	CASH	CHEQUE
COMPETITIVE DANCE BUG FEE	\$35.00/FAMILY	+HST	DEBIT	M/C	VISA	CASH	CHEQUE

COSTUME DEPOSIT: \$75.00 X _____ = \$_____

SINGLE FEE: \$ _____ /MO + HST \$_____ = \$_____

FAMILY FEE: \$ _____ /MO + HST \$_____ = \$_____

PAP	M/C	VISA	CASH	CHEQUE					
SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE

NOTES:-----

