

P.S.B. DANCE ACADEMY
2011-2012 REGISTRATION FORM

Name of Student: _____ Date of Birth: _____

 Month/Day/Year Age

Mother's Name: _____ Father's Name: _____

Address: _____

 Street Unit City Postal Code

Phone (H): _____ Are you a part of the Profile Dance Co.? Yes ___ No ___

Phone (B) – Mother: _____ Phone (B) – Father: _____

Cell phone: _____ email: _____

Name of Doctor: _____ Phone: _____

Health Card Number: _____ Allergies/Medical Condition: _____

Emergency Name: _____ Phone: _____

Relation to Student: _____

Where did you hear about the school?

Newspaper (which?) _____ Internet _____ Dance Magazine _____

School Location Sign _____ Return Student _____ Referral (by who?) _____

CLASSES SELECTED:

- *All post dated cheques or automatic withdrawal from charge card authorization must accompany application
- *A charge card is required at time of enrollment. Outstanding fees will be charged to charge card at net 30 days.
- * Please do not forget to enclose a separate cheque for the \$30.00 registration fee.
- * Performance fee of \$65.00/costume purchase fee of \$115.00 is due on enrollment date
- * Please read all rules, regulations and release form prior to signing and dating form
- * **13% HST is applicable on all fees.**

Name of Class/Day/Time:

Name of Class/Day/Time:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*Use back of this form if you run out of room

Office Use Only:

Total Hrs/Week: _____ Fee Per Term(before HST): _____ Fee Per Month(before HST): _____

Reg Fee Paid per family (\$30.00 before HST) _____

Date of Enrollment _____ Early Reg Discount _____ Start Date: _____

Discounts given: 5% sibling _____ Profile Rental Fee \$500.00 Comp Rental Fee \$100.00
 Rental Fee _____ (+ 13% tax) Costume Fee _____ (+ 13% tax)

Payment Method: Full Payment (incl HST)

Post-dated Term (inc HST): 1st _____ 2nd _____ 3rd _____ 4th _____

Post-dated Monthly cheques (inc HST):

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ 8th _____ 9th _____ 10th _____

Charge Card Monthly Withdrawal _____ Charge Card: M/C, VISA (circle one)

Term payment _____ Monthly payment _____ Full Payment _____

(please initial one)

Charge Card # _____ Expiry date _____ Verification code _____
 Card Holder Name _____ Signature Authorization: _____

RELEASE AND INDEMNIFICATION

Name of Student: _____

Name of Parent/Gurardian (If Student under 18 years of age): _____

Course Location: **PSB Dance Academy, 91 Rylander Blvd, Unit 9B, Scarborough, ON, M1B 5M5**

Date Course Commences: _____ Withdrawal Date: _____

RELEASE AND WAIVER

In consideration of PSB Dance Academy Inc., accepting this application, I, for myself, my heirs, executors, administrators and assigns, release PSB Dance Academy Inc., its respective servants, agents and employees from any claims, demands, damages, actions or causes of actions whatsoever arising out of or in consequence of the above-noted Student participating in a dancing lesson/course or any other activity related to PSB Dance Academy Inc., including but not limited to claims, demands, actions or causes of actions related to loss of or damage may have arisen by reason of negligence of PSB Dance Academy Inc., its servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourses which I may now or hereafter have resulting from any decisions or activities of the PSB Dance Academy Inc. For the aforesaid consideration I agree to indemnify PSB Dance Academy Inc., it servants, agents or employees from any claims or demands which might be made against the PSB Dance Academy Inc., arising out of or in consequence of the attendance or participation by the Student in a dance lesson/course or any other activity of PSB Dance Academy Inc. If this Release and Waiver is signed by any person other than the Student, the Student is under the age of eighteen (18) years, and I have full legal right and authority to sign this waiver on behalf of the Student.

(Signature of Parent or guardian, if student less than eighteen years of age)

(Signature of Student, if eighteen years of age or older)

Regulations at P.S.B. Dance Academy

I have received a copy of the Regulation guidelines of P.S.B. Dance Academy and have read it thoroughly prior to signing this form. I will also go through these guidelines with my child so that he/she is aware prior to class participation.

I give permission for P.S.B. Dance Academy to use photographs of my child for promotional purposes only.

Date

Date

Parent/Guardian Signature

Students signature (18 and over)

P.S.B. Staff Signature