Tri-City Dance Centre Registration Form & Student Profile 2009/2010

STUDENT INFORMATION			
Last Name:	**First Name:**	**Age as of Dec. 31/09:**	**Birthdate:**
Mailing Address:		**City:**	
Postal Code:	**Phone #:**	**Email:**	
Mother's Name:	Home #	Cell #	
Mailing Address: (if different from above)		Email:	
Father's Name:	Home #	Cell #	
Mailing Address: (if different from above)		Email:	

CONTACT IN CASE OF EMERGENCY	
Name:	Emergency Phone #:
Relationship to dancer:	BC Health Care #:
Family Physician:	Doctor's Phone #:

Medical Background: Please list below any allergies / medications / chronic injuries and/or ailments: learning disabilities, etc.
(*This information is kept confidential*) *(If at any time this information should change, please notify the office)*

List here (if applicable):

CLASS	DAY	TIME	COST
1.			
2.			
3.			
4.			
5.			
6.			

Number of Classes Per Week:	*10% discount if applicable:*	*GST*	*Dancers Monthly Fee:*	

For new students: Where did you hear about "Tri-City Dance Centre"? ☒ Family ☐ Friend ☐ Close to home/work ☐ Yellow Pages ☐ Other

PAYMENT: "Tri-City Dance Centre" operates on a 10-month term. Some class fees do not include GST. At the time of registration, the **individual registration fee is due, $20.00 returning / $25.00 new students** and is non-refundable and non-transferable. Fees may be paid by one of two methods. Option #1 – monthly or 3 installments via automatic withdrawal, Option #2 - pay fees in full by debit, Visa or MasterCard. Payment will be withdrawn on the **1st of each month**. September's payment to include June's monthly fees. If for any reason a student chooses to discontinue classes before the end of the school term, "Tri-City Dance Centre" requires **WRITTEN NOTIFICATION 2 WEEKS PRIOR TO WITHDRAWAL**. Fees are payable until proper notice is received by the office.

WAIVER

I hereby acknowledge and understand that neither 'Tri-City Dance Centre', nor its proprietors, heirs, successors, or assigns, are to be held liable for any injury caused, sickness or disability which occurs to 'the Student',_____, due to the physical activity of dance.

I hereby authorize Tri-City Dance Centre to administer first aid to the above named student if necessary.

I permit Tri-City Dance Centre to use any photographs and/or video footage for advertising, promotional, archiving and publicity purposes.

I also have read, acknowledge, and understand the policies and regulations stated in the Parents Handbook regarding the operations of 'Tri-City Dance Centre", and will abide by them. I will read the bulletin board located outside "Studio A" to keep up to date regarding events at "Tri-City Dance Centre" and will not hold the studio responsible for any information or events I miss. I understand the consequences if I do not abide by the rules stated in the handbook.

_____ (Witness to signature)

_____ (Parent / guardian of student)

Dated this _____ Day of May, 2009 in the City of Coquitlam, BC

For Office Only:
Registration Fee Rec'd: _____
Date Received / Amount paid - Cash, Cheque, Debit