



ASPIRE DANCE ACADEMY

2023-2024 REGISTRATION FORM

Address: 900 Laurier Street West

Phone: 250-489-4257 Email: aspiredance@shaw.ca Website: www.aspiredance.ca

Student/s Full Name: (one form per family):		
1) _____		
2) _____		
3) _____		
1) Birth Date: (mm/dd/yy) / / /	School Grade:	
2) Birth Date: (mm/dd/yy) / / /	School Grade:	
3) Birth Date: (mm/dd/yy) / / /	School Grade:	
Parent/Guardian Name/s:		
Home Phone:	Work Phone:	Cell Phone:
Mailing Address:		Postal Code:
Email Address (MUST be included):		

<input type="checkbox"/> Creative Movement 10-week session	\$125
<input type="checkbox"/> Kinderdance 10-week session	\$125
<input type="checkbox"/> Storybook Ballet 12-week session	\$250
<input type="checkbox"/> All Boys Hip Hop 12-week session	\$175
<input type="checkbox"/> Adult Ballet 10-week session	\$145
<input type="checkbox"/> Adult Tap 10-week session	\$145
<input type="checkbox"/> All other programs list in space below: (day, class, time)	\$ /mth
<input type="checkbox"/> Registration fee – non-competitive full-year classes (sessional classes do not pay a registration fee)	\$35
<input type="checkbox"/> Registration fee – competitive full-year classes (sessional classes do not pay a registration fee)	\$125

Cancellation Policy: I (we) the undersigned understand and agree to the cancellation/refund policy. No refunds given after second sessional class. No refunds given for full-year classes after December 15th, 2023.

Waiver of Liability: In consideration of myself or my child, I (we) the undersigned hereby, both for myself and my heirs, executors and administrators, forever waive, release and discharge any and all claims for damages and causes of suit or action (whether of personal injury, death, illness, or for negligence) which may result from my or my child's participation or attendance in class, against Michelle Navratil, the facility, its contracted teachers and agents, and other participants in the class.

Authorization: I authorize Aspire Dance Academy to use photos of my child for promotional purposes and video.

Parent/Guardian Signature: _____ **Date:** _____, 2023

<input type="checkbox"/> sessional class amount: \$ _____ <input type="checkbox"/> monthly amount: \$ _____ <input type="checkbox"/> half-term amount (Sept and Feb): \$ _____ <input type="checkbox"/> full payment class amount: \$ _____	Payment Method: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> e-TRANSFER Credit #: _____ <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA Expiry: _____ CVC#: _____ • e-Transfers need to be emailed to: aspiredance@shaw.ca
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