ASPIRE DANCE ACADEMY
2025-2026 REGISTRATION FORM

Address: 900 Laurier Street West Email: aspiredance@telus.net 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):		

❑ Creative Movement 10-week session	$140
❑ Mini-Movers 10-week session	$140
❑ All Boys Hip Hop 10-week session	$140
❑ Fun n' Dance 10-week session	$150
❑ Youth Hip Hop 10-week session	$150
❑ Adult Tap 10-week session ❑ Adult Ballet 10-week session ❑ Adult Hip Hop 10-week session	$150
❑ All other programs list in space below: (day, class, time)	$ /mth
❑ Registration fee – non-competitive full-year classes (sessional classes do not pay a registration fee)	$40
❑ Competitive Registration fee – Jr competitive full-year classes	$40
❑ Competitive Registration fee – Pre-Inter/Inter/Sr competitive full-year classes	$150

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, 2025.

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: _____, 2025

❑ sessional class amount:
$_____

❑ monthly amount:
$_____

❑ half-term amount (Sept and Feb):
$_____

❑ full payment class amount:
$_____

Payment Method:
❑CREDIT CARD ❑e-TRANSFER

Credit #: _____ **❑MASTERCARD ❑VISA**

Expiry: _____ CVC#: _____

- e-Transfers need to be emailed to: aspiredance@telus.net