



2019 SUMMER/FALL SESSION

REGISTRATION FORM

STUDENT NAME:		DATE OF BIRTH:	AGE:
ADDRESS:			
CITY:		POSTAL CODE:	
PARENT/GUARDIAN NAME/S:			
HOME PHONE NUMBER:		WORK: (LIST PARENT)	
CELL#1: (LIST PARENT)		CELL#2: (LIST PARENT)	
EMAIL: (PRIMARY)			
EMAIL:(SECONDARY)			

At the time of registration full payment must be made. Summer programs and Fall Sessions are Non Refundable. Attendance is not mandatory but encouraged.

I hereby release SBDC and its staff and facility from any loss of article or personal possession. I hereby release SBDC and its staff from all liability for accident or injury that may occur within the SBDC facility or at SBDC sanctioned events and acknowledge that dance, and in particular acro dance, are dangerous and at my child's own risk.

I hereby release photo rights for any photos, videos or prints that may be taken of my child throughout the season and acknowledge that these are the property of SBDC and may be used in social media, print ads, and programs and within the studio.

SBDC has a no tolerance policy for profanity, indecency, or bullying towards our staff or students. This includes on social media, in email, or in public. Any parent or student who has been felt to cross the line will be removed from our program immediately without refund at the discretion of the Studio Director.

PARENT SIGNATURE (Registration not valid unless signed)

Please list below the classes you wish to register for:

CLASS and LEVEL	DAY and TIME

ADMINISTRATION INFORMATION

Tuition Fee: _____

Discounts: _____ (info)

Total: _____

Gst: _____

Tuition Total: _____

Payment Info: _____ **Cash** **Visa** **Master Card** **Cheque**

Monthly Payment Plan Total: _____

NOTES: _____

