

ALMONTE DANCE COMPANY

REGISTRATION FORM



STUDENT INFORMATION	
NAME:	
DATE OF BIRTH:	
ADDRESS:	Street: _____ City: _____ Postal Code: _____
HEALTH CARD:	
MEDICAL CONDITIONS: <i>*Example: Allergies/Asthma</i>	

PARENT INFORMATION	
NAME:	
PHONE NUMBER:	
EMAIL ADDRESS:	
EMERGENCY CONTACT INFO:	Name: _____ Phone number: _____

ENROLLMENT		
CLASS/TIME	TERM	PRICE
MON: _____ WED: _____ SAT: _____	TERM 1: _____ TERM 2: _____ TERM 3: _____	30min Class \$150+HST 45min Class \$200+HST
MON: _____ WED: _____ SAT: _____	TERM 1: _____ TERM 2: _____ TERM 3: _____	*2nd class receives 25% off 30min Class \$112.50+HST 45min Class \$150+HST

POLICY & SIGNATURE

I, the undersigned, release the ALMONTE DANCE COMPANY (ADC), and their respective employees, from all claims of illness and/or injury to persons and/or loss or damage of property while participating in, or traveling to and from, the facility.

By signing, I acknowledge that I have read, understand and agree to the policies and procedures implemented by the ALMONTE DANCE COMPANY. I further acknowledge that I have read, understand and agree to the Safety Guidelines and Notice of Risk brought about by Covid-19. My dancer commits to strictly follow the Safety Guidelines document issued by the ADC. I acknowledge that failure to abide by the Safety Guidelines will result in refusal of entry and/or the ADC will require mandatory immediate pick up of the dancer.

Payment:

I acknowledge that all payments will be made through E-Transfers to: almontedance@live.com

Refund Policy:

I acknowledge that given the circumstances surrounding Covid-19 that all payments are final. I agree that any decision to move from IN-class to VIRTUAL instruction or to cancel the dance season will be at the sole discretion of the ADC. Any such decision will be made upon consultation of any applicable health advisories or mandatory instructions from the appropriate health authorities.

DATE:	
SIGNATURE:	

THANK YOU FOR SUPPORTING LOCAL

XO