

# GEORGETOWN DANCE COMPANY

STUDENT'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ # OF YEARS DANCE EXPERIENCE \_\_\_\_\_

PRIMARY TELEPHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

HEALTH CARD NUMBER \_\_\_\_\_

PLEASE LIST ANY HEALTH PROBLEMS/MEDICATIONS \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? RETURNING DANCER \_\_\_ OR OTHER (please specify) \_\_\_\_\_

CLASS(ES) – PLEASE LIST THE DAY/TIME AND CLASS YOU ARE REGISTERING FOR

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**REGISTRATION FEE: \$20 per household – to be handed in with registration form (non refundable)**

Please read this liability waiver carefully.

**ASSUMPTION OF RISK:** I recognize that dancing requires physical exertion which may be strenuous and may cause physical injury, including muscle strain, broken bones, concussion, soft tissue damage or rarely, death. I understand that it is my responsibility to consult with a physician prior to my child participating in any activities with Georgetown Dance Company and I represent that my child does not have a medical condition that would preclude safe participation. I acknowledge that I am aware that participating in dance or movement classes or activities involves inherent risks of personal injury and despite any precautions taken, accidents or injuries may occur. By signing this release, I assume all risks in connection with my child participating in dance or other activities with Georgetown Dance Company, the use of any and all spaces or facilities used by Georgetown Dance Company and any related travel.

Initials: \_\_\_\_\_

**RELEASE:** I agree to insure my child against any injury, damages, or losses resulting from any activities undertaken in connection with Georgetown Dance Company or from traveling to and from these activities. I authorize Georgetown Dance Company and its employees, agents and volunteers to provide any medical care, which they deem necessary for my child in the event of injury or illness. On behalf of myself, my heirs, next of kin, executors, administrators, representatives and assigns, I release and waive all claims and the right to bring suit against Georgetown Dance Company and its representatives and agents, successors or assigns, including, without limitation, managers, employees, teachers, dancers, staff members, owners and volunteers (collectively "Georgetown Dance Company") from any and all claims, causes of action, losses, injuries, damages or costs, including any claim for damages for personal injury or personal property damage, arising out of or in connection with participating in dance or other activities with Georgetown Dance Company, including any medical care provided. Further, I agree to indemnify Georgetown Dance Company from and against any and all demands, claims, and damages to persons or property, losses and liabilities, including reasonable attorney's fees arising out of or caused by my negligence or wilful misconduct.

Initials: \_\_\_\_\_

PHOTO AND VIDEO RELEASE: I understand that photos and/or videos may be taken of my child throughout the year and I authorize Georgetown Dance Company to use or display any photos or videos depicting my child in any advertising or promotional materials, including but not limited to appearing on social media, email, websites or posters.

TUITION AND OTHER FEES: I understand and agree that I am signing up my dancer for a full season (as stated in studio policies) of dance and that tuition due is for the full term.

I understand that after September 15th full tuition, rehearsals, entry fees and costume fees are due. There will be no refunds/credits for any tuition, rehearsals, entry fees or costumes (competitive classes only).

I understand that after October 14th full tuition and costume fees are due. There will be no refunds/credits for any tuition or costumes (recreational classes only).

I understand that a 2% monthly and/or 26.4% annual interest charge (from September) will apply to all payments that are unpaid.

I understand that a \$20 fee will apply to all dishonoured cheques.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_