

The Art of Dance Studio

SUMMER DANCE REGISTRATION

Student Name(s): _____

Home#: _____

Work#: _____

Age(s): _____ Birthdate(s): _____

Address:

Street

City

Postal

Parent Name(s): _____

Parent Email (s): _____

Please list any concerns the school should be aware of (confidential):

REGISTERING FOR:

Name: _____

Month: _____

Program: _____

Name: _____

Month: _____

Program: _____

Name: _____

Month: _____

Program: _____

METHOD OF PAYMENT:

Tuition (includes GST): _____ x \$ _____ = \$ _____

Please send e-transfers to susan.artofdance@gmail.com.

EXCLUSION OF LIABILITY:

THE ART OF DANCE STUDIO, THE OWNER, EMPLOYEES, OR CONTRACTORS SHALL NOT BE LIABLE FOR ANY DAMAGES OR INJURIES TO PERSONS, HOWEVER CAUSED, WHICH MIGHT BE SUSTAINED BY STUDENTS, THEIR FAMILIES, GUESTS OR OTHERS IN OUR FACILITY, OR IN ACTIVITIES WHICH MAY OCCUR DIRECTLY FROM OR INCIDENTAL TO ALL ACTIVITIES OF THIS STUDIO. THE UNDERSIGNED PARENT OR GUARDIAN AGREES TO HOLD HARMLESS AND INDEMNIFY THE ART OF DANCE STUDIO, THE OWNER, EMPLOYEES OR CONTRACTORS, WITH RESPECT TO ANY CLAIMS OF LIABILITY, PAST, PRESENT OR FUTURE, FOR ANY DAMAGE OR INJURY, OR LOSS OF LIFE TO PERSONS, HOWEVER CAUSED.

I HAVE READ THE CONDITIONS OF THIS AGREEMENT AND UNDERSTAND AND AGREE TO THE CONDITIONS SET FORTH HEREIN.

SIGNATURE: