

# TEN WEEK PROGRAM



## Registration Form

#19, 5720 Silver Springs Blvd. NW Calgary AB T3B 4N7 Phone: (403) 286-8561 Fax: (403) 286-8997

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

Student Birth Date (month/day/year): \_\_\_\_\_ Student's Age (on 1<sup>st</sup> day of session): \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address : \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Class Title	Day of Week & Time	Studio Number	Instructor	Regular Class Fee	Family Rate Fee
Subtotal					
GST					
TOTAL					

### REGISTRATION AND CANCELLATION POLICY

The undersigned has read all the details in regards to and agrees to be bound by the registration/cancellation policies of Premiere Dance Academy.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### INSURANCE WAIVER

The authorized legal representative jointly hereby forever releases, discharges and acquits Premiere Dance Academy Ltd. and all their instructors, employees, investors, agents, owners, and directors from any and all claims for damages or injuries of any kind, nature or description.

This waiver is to be effective on completion of registration. In the absence of a signature, by paying the registration fee you hereby agree to the terms and conditions of the registration form.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Fall Session	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	_____
	Winter Session	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	_____
	Spring Session	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card	_____
	PDA Handbook	<input type="checkbox"/> YES Distributed	<input type="checkbox"/> NO needs a copy		

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## Registration Procedure / Cancellation Policy

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- REGISTRATION:** Registration can be done in person, by phone in, or by fax. Registration is not deemed complete until the Registration Form has been signed and payment received.  
  
Phone in or Fax: Payment is taken by Credit Card OR Cheques/Cash must be dropped off at the office within 48 hours. If payment is not received, registration becomes void without notification.  
In Person: Payment is due at time of registration
- PAYMENT:** Payment is by cash, cheque, credit card (Visa or Master Card), or Money Order/Bank Draft
- TRANSFER REQUESTS** will be taken as long as there is availability.
- MISSED CLASSES:** There will be NO refund for missed classes by a student. If a teacher cannot be available for any class, a sub will be brought in.
- STUDENT WITHDRAWAL / NON-MEDICAL CANCELLATION**  
Ten week programs are **NON – Refundable**.
- PROGRAM VOUCHERS** have no cash value, can only be used at Premiere Dance Academy, and are valid for 12 months from the date issued.
- MEDICAL CANCELLATION** will be accepted with a doctor's note (faxed in or dropped off only). A program voucher will be issued minus an administration fee for a prorated amount for classes that have already taken place.
- Premiere Dance Academy reserves the right to cancel courses. In this case a refund will be issued. (Amount will be prorated if classes have already taken place)
- All NSF cheques and declined credit card payments are subject to a service charge of \$25.00.
- Premiere Dance Academy has the right to accept, refuse or decline any applications for registration to the Academy at any time. This decision is at the sole discretion of the Artistic Director. The Artistic Director will review registrations and you will be contacted only if there are any concerns

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Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

### CREDIT CARD AUTHORIZATION

I hereby authorize Premiere Dance Academy to charge my credit card with trimester payments for the above mentioned enrolee. For the Months/Dates: August 1<sup>st</sup>, December 1<sup>st</sup>, March 1<sup>st</sup> through to and including June, for the dance term \_\_\_\_\_.

Date: \_\_\_\_\_ Signature – Card Holder : \_\_\_\_\_