

**Victoria School of Contemporary Dance  
REGISTRATION FORM 2015-16**

**Student Information:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_  
D M Y

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

LAND LINE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Parent /Guardian Information (if student is under 19):**

PARENT/GUARDIAN 1.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

LAND LINE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN 2.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

LAND LINE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Medical Information:** All info is strictly confidential/ for office use only.  
Care Card # \_\_\_\_\_

Chronic Injuries/Learning Disabilities: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fees, Withdrawals and Refunds:**

All classes run from September to the end of May. If for any reason, a student chooses to discontinue classes, one month written notification of withdrawal is required. Fees are payable until proper notice is received by the office or administrator.

**Registration Fee:** A \$20.00 non-refundable registration is payable on the day of registration, \$30.00 per family.

**Performance and Festival Fees:** Performance and Festival fees, where applicable, are due January 1.

**NSF Cheque Service Charges and Interest:** ALL NSF cheques are subject to a \$30.00 service charge. 20% interest will be charged to overdue accounts and unpaid monthly fee

Class	Day	Time	Hour(s) Per Week	Cost Per Month
<b>Total</b>				
			<b>Sub Total</b>	
			<b>Reg Fee \$20.00</b>	
			<b>Total Monthly Fee</b>	

*Cheques made payable to Victoria School of Contemporary Dance*

**Waiver**

I, the undersigned certify that I am the registered student or the parent or legal guardian of the registered student under 18 years of age. I hold harmless the owner/director and faculty of Victoria School of Contemporary Dance from all injuries, loss of personal property that may arise from participation in rehearsal, performance, competition or related travel. I further authorize any representative of Victoria School of Contemporary Dance to obtain any medical treatment that may be deemed necessary. I have read, understand and agree to the payment and withdrawal policies of Victoria School of Contemporary Dance. I further give permission for any photo's, videos taken during this program to be used in the promotion of this or other programs of the organization.

Signature: \_\_\_\_\_

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