

PROTÉGÉ DANCE COMPANY- ADULT: REGISTRATION FORM

Adult's Last Name: _____

Adult's First Name: _____

Age Bracket (please check one): 18-29 30-39 40-49 50-59 60-69 70 & up

Home Address: _____

Postal Code: _____ City: _____

Home Phone: _____

Cell Phone: _____

Work: _____

Email: _____

Allergies/Medication/Additional Info: (please specify): _____

How did you hear about Protégé Dance Company?

- Website Newspaper/Magazine: _____
 Yellow Pages Referral: _____
 Storefront/Signage Other: _____

CLASS ENROLLMENT:

SESSION ie: Fall or Winter or Spring	CLASSES (list all classes you are registering for) Ie: Stretch & Strengthen, Contemporary, Ballet, Tap, Hip Hop
FALL (10 Weeks)	
WINTER (8 Weeks)	
SPRING (8 Weeks)	

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ADULT NAME: _____

FALL CLASSES (10 week session)- FEES:

_____ + _____ + _____ + _____ + _____

SUB-TOTAL= _____ = \$ _____

+ HST 13% _____ = GRAND TOTAL =\$ _____

METHOD OF PAYMENT: CASH/DEBIT CHEQUE VISA/MASTERCARD

WINTER CLASSES (8 week session)- FEES:

_____ + _____ + _____ + _____ + _____

SUB-TOTAL= _____ = \$ _____

+ HST 13% _____ = GRAND TOTAL =\$ _____

METHOD OF PAYMENT: CASH/DEBIT CHEQUE VISA/MASTERCARD

SPRING CLASSES (8 week session)- FEES:

_____ + _____ + _____ + _____ + _____

SUB-TOTAL= _____ = \$ _____

+ HST 13% _____ = GRAND TOTAL =\$ _____

METHOD OF PAYMENT: CASH/DEBIT CHEQUE VISA/MASTERCARD

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LIABILITY WAIVER

I, _____ (adult's name) realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Protégé Dance Company.

I/we agree to release and hold harmless Protégé Dance Company including its teachers, choreographers, dancers, staff members, and facilities from any cause of action, claims, or demands now and in the future. I/we will not hold Protégé Dance Company liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Protégé Dance Company.

I/we understand that Protégé Dance Company is licensed, accredited and insured. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the Artistic Director, instructor or staff member as soon as possible.

(Adult's Signature)

(Date)

PAYMENT POLICY AGREEMENT

NSF Fee: A \$30.00 administration fee will be applied to all NSF cheques.

Refund Policy: NO REFUNDS on any Adult Classes. Payment is FINAL.

Receipts: Protégé Dance Company does not reproduce receipts for any reason. Adult Registrants are responsible for keeping all receipts.

I hereby authorize Protégé Dance Company to collect payments and have read, understand and agree to the payment policies as outlined above.

(Adult's Signature)

(Date)

***MUST BE SIGNED AND SUBMITTED UPON REGISTRATION**