

**Dance Surge  
Multiple Children - Registration Form  
2008 – 2009**

In order to secure enrolment in dance class (es) at Dance Surge, full tuition must be provided including a non-refundable deposit of \$150.00 per dance class enrolled, 4 post-dated cheques, and a Parent/Guardian signature on the bottom of this form.

Child#1 Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Age: \_\_\_\_\_ School Grade as of September 2008: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child#2 Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Age: \_\_\_\_\_ School Grade as of September 2008: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child#3 Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Age: \_\_\_\_\_ School Grade as of September 2008: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Parent/Guardian #1: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Parent/Guardian #2: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Information:** Please describe any allergies, injuries, and/or medical conditions, etc.

\_\_\_\_\_

I have read and agree to be bound by the information in the Dance Surge Registration Package. I acknowledge that there is a risk of injury involved in dance and fitness classes. I accept the risk and release Dance Surge from all liability. I acknowledge that the deposit is non-refundable, and any post-dated payments will not be returned upon withdrawal. I allow Dance Surge to use photos/images of myself and/or my children for promotional use at any time.

\_\_\_\_\_  
Date

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

Tel 905-886-3515  
Fax 905-850-1844

398 Steeles Avenue West B-1

[dancesurge@hotmail.com](mailto:dancesurge@hotmail.com)  
[www.dancesurge.ca](http://www.dancesurge.ca)

**"Where Dancing is Electric"**

Please complete the chart in accordance with the headings.  
 For further assistance or information about pricing, please contact the studio at 905-886-3515.

Child #1 Name:

Age Group	Type of Dance	Day of the Week	Class Time

Child #2 Name:

Age Group	Type of Dance	Day of the Week	Class Time

Child #3 Name:

Age Group	Type of Dance	Day of the Week	Class Time

Payment Plan:

Registration Fee	\$50.00	Amt: _____	Chq# _____
Deposit:	_____	Amt: _____	Chq# _____
Sept 1 <sup>st</sup>	_____	Amt: _____	Chq# _____
Oct 1 <sup>st</sup>	_____	Amt: _____	Chq# _____
Nov 1 <sup>st</sup>	_____	Amt: _____	Chq# _____
Jan 1 <sup>st</sup>	_____	Amt: _____	Chq# _____

**Refunds/Withdrawals**

If your child chooses to withdraw from a class, it must be done before October 31<sup>st</sup>, 2008; the Parent/Guardian must complete a Class Withdrawal Form, which can be provided by Lisa in her office. Only a completed Class Withdrawal Form consenting that your child no longer wants to participate in classes at Dance Surge will be accepted. If guidelines are followed then Dance Surge will return all remaining post-dated cheques.

**Feel the Electricity!!!**