

Date: _____



OFFICE USE ONLY: N or R
CT (2)

Registration Form: New Families 2017-2018

How did you hear about us: _____ Referral: _____

Membership Type: (circle one) Recreational or Competitive

STUDENT INFORMATION

First Name: _____ Last Name: _____ M / F (circle one)

Birth date: _____ (mm/dd/yyyy) Grade (as of September 2017): _____

Medical Info (allergies/medical conditions): _____

PARENT/GUARDIAN #1

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City: _____ Postal: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

PARENT/GUARDIAN #2

First Name: _____ Last Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Age Group	Type of Dance	Day	Time

Payment Options:

- ONE CLASS: Deposit-\$376.87 OCT 1: \$150 NOV 1: \$150
- TWO CLASSES: Deposit-\$466.74 OCT 1: \$250 NOV 1: \$250 DEC 1: \$250 JAN 1: \$250
- THREE CLASSES: Deposit-\$500.11 OCT 1: \$425 NOV 1: \$425 DEC 1: \$425 JAN 1: \$425
- FOUR CLASSES: Deposit-\$876.98 OCT 1: \$500 NOV 1: \$500 DEC 1: \$500 JAN 1: \$500

***A Recital costume is included for one class only. The fee for additional costumes is \$85.00+tax per costume.**

Method of Payment:

- VISA (2.5% Service Fee)
- MasterCard (2.5% Service Fee)
- Cheque # _____ (payable to Dance Surge)

Card#: _____ Expiry Date: _____

Cardholders Name: _____ Signature: _____

(Above address must correspond to credit card received. Please see front reception for further assistance)

Disclaimer: (read and sign below)

I have read and agree to be bound by the information in the Dance Surge registration package. I acknowledge that there is risk of injury involved in dance classes. I accept the risk and release Dance Surge from all liability. I understand the deposit is NON-REFUNDABLE and will be withdrawn before classes commence. I accept all responsibility for all post-dated payments. I allow Dance Surge to use photos/images of myself and/or my children for promotional use.

Signature: _____