

BURLINGTON DANCE ACADEMY

3584 Commerce Court / Burlington, ON / L7N 3L7

(telephone) 905-637-2269 (fax) 905-637-0077 (e-mail) info@bdacademy.ca

2011-2012 BDA Registration Form
 ~ Regular Program ~

Classes start September 12, 2011

<input type="checkbox"/> New Student	How did you hear about BDA?	
Student Name		<input type="checkbox"/> Registered in BDA Pre-school
Birthdate (M/D/Y)	School Grade	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address		
Postal Code	Home Telephone	
E-Mail (all information is sent via e-mail)		
Mother's Name	Business Telephone	Cell
Father's Name	Business Telephone	Cell

- I **allow** Burlington Dance Academy to use photographs/videos of my son/daughter for promotional material. I understand that these photos/videos may be used for but not limited to newspaper advertising, articles, brochures, pamphlets and Burlington Dance Academy's website and facebook page.
- I **do not allow** Burlington Dance Academy to use photographs/videos of my son/daughter for promotional material.

NOTE: Please refer to the back of the Class Schedule for class progressions from last year.

Please check classes and fill in class detail:

	Grade	Day	Time
<input type="checkbox"/> Creative Movement A, B:			
<input type="checkbox"/> Ballet (Pre-Primary and up):			
<input type="checkbox"/> Jazz:			
<input type="checkbox"/> Pointe:			
<input type="checkbox"/> Tap:			
<input type="checkbox"/> Other (Specify):			

PAYMENT OPTIONS

ten post-dated cheques, dated September 1, 2011 to June 1, 2012

or

total payment for the year, dated September 12, 2011

or

I would like to pay through my CREDIT CARD and I understand that my card will be automatically billed five (5) times annually as stated below in the Payment Schedule.

Card Type: Visa Mastercard Card #: _____

Expiry: _____ (Month / Year) Security Code: _____

Name of Authorized User for the Credit Card Listed above: _____

Please turn page and complete required information ...



PAYMENT SCHEDULE

Terms: Sep Payment: September 1, 2011 Nov Payment: November 1, 2011 Jan Payment: January 2, 2012
 Mar Payment: March 1, 2012 Apr Payment: April 1, 2012

Cost of Sep Payment (HST incl.) \$ _____ Cost of Nov Payment (HST incl.) \$ _____
 Cost of Jan Payment (HST incl.) \$ _____ Cost of Mar Payment (HST incl.) \$ _____
 Cost of May Payment (HST incl.) \$ _____

I hereby confirm that I am the authorized user for the chequing account or credit card noted above. As such, I authorize Burlington Dance Academy to automatically post payments to my credit card or automatically withdraw from my chequing account on the dates noted in the Payment Schedule above.

Signature of Authorized Credit Card / Account Holder: _____

Date: _____

BURLINGTON DANCE ACADEMY - TERMS AND CONDITIONS

- . Only regular occurring term fees may be paid by Interac. Incidental fees must be paid by cheque or in cash.
- . If your child wishes to withdraw from a class, Burlington Dance Academy must receive written notice. One month's payment will be withheld along with a \$30 withdrawal processing fee. **AFTER APRIL 1, 2012 THERE WILL BE NO REFUNDS.**
- . If you have pre-registered but choose to withdraw from classes before August 29, 2011 your full tuition and costume deposit will be refunded minus a \$30 withdrawal processing fee (registration fee of \$30 is non-refundable).
- . For insurance purposes, it is mandatory for parents to sign and agree to the "Release of Liability" form below. Dancers will not be allowed to participate in class unless this form has been signed and returned.
- . A \$30 service charge will be applied to all returned and NSF cheques.

**BURLINGTON DANCE ACADEMY ACKNOWLEDGEMENT OF RISK & RELEASE OF LIABILITY
 For Participants Under the Age of Majority**

I am the Parent / Legal Guardian of _____
 Student's Name (please print)

I fully understand and acknowledge that,
 (a) risks and dangers exist while participating in physical activities such as dancing
 (b) the participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury.

I agree to release, waive, discharge, and hold harmless Burlington Dance Academy, it's owners, and it's employees from any liability, claims, actions or losses for bodily injury, property damage, or otherwise which may arise out of The Minor's participation in services provided by Burlington Dance Academy. I also authorize Burlington Dance Academy to take all reasonable steps to respond to medical emergencies and to seek medical treatment in the case of an injury.

Health Card #
Emergency Contact & Telephone

I have read, understand and agree to the "Terms and Conditions" and "Release of Liability" above.

 Parent's / Guardian's Name (please print)

 Signature of Parent / Legal Guardian

 Date