

Alive Danceworks Ltd.

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REGISTRATION FORM

STUDENT’S NAME: _____

Age as of Mar 1st _____

DATE OF BIRTH: _____ EMAIL: _____

ADDRESS: _____

POSTAL CODE: _____ HOME PHONE #() _____ - _____

PARENT/GUARDIAN CELL #() _____ - _____

*I release my contact info to Alive Danceworks (to distribute class phone lists)

Initial: _____

EXPERIENCE:

PREVIOUS DANCE SCHOOL: _____

YEARS OF EXPERIENCE: _____

WHAT STYLES: _____

PARENT/GUARDIAN INFORMATION

FATHER’S NAME: _____
(first and last name please)

MOTHER’S NAME: _____
(first and last name please)

EMERGENCY CONTACT (not the parent/guardian)

NAME: _____

RELATIONSHIP: _____

PHONE # () _____ - _____

PERMISSION/LIABILITY

I grant permission for my child, _____, to participate in all forms of dance activities during the 2009/2010 season at Alive Danceworks Ltd. I will not hold Alive Danceworks Ltd, staff or landlord responsible for any accidents which may occur in conjunction with these activities.

****I am also understanding that there are no refunds after the year begins.**

MEDICAL WAIVER

I authorize the adult in charge of Alive Danceworks Ltd. classes to arrange and grant permission to appropriate medical authorities for health care as he/she deems necessary for the well being of my child.

MedicalConcerns/Information: _____

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

EXTRA DESIRED CLASSES

* Alive Danceworks Ltd. reserves the right to cancel classes due to bad weather, holidays and/or low student attendance. Make up classes are encouraged. Please see the front desk if you wish to take a make up class.

*NOTE: please see our calendar for holidays and important dates

AS A TROUPE STUDENT: I commit to being punctual for the start of all my classes. I understand that I must come prepared with proper dance attire, knowledge of choreography and a strong focused presence of mind and body. I will treat my classmates, teachers and parents involved with respect. I also understand that it is my responsibility to stay on top of all the on-goings of the studio and any information on upcoming events.

STUDENT'S INITIALS: _____

AS A TROUPE PARENT: I commit to taking an active role in the dance experience my child has chosen. My involvement will include helping in organizing my child's time and transportation in order to be punctual for dance class. I understand there are numerous shows, rehearsals, festivals, workshops, trips and more that take place outside of class time. I will be sure to watch the studio calendar and notices and do my best to ensure that the student is able to attend these extras. I understand that there are extra fees beyond the cost of class instruction. This may include: costume fees, workshop fees, travel fees, troupe uniform fees, ticket sales and more.

PARENT/GUARDIAN INITIALS: _____

Troupe Program (all students pay monthly)

3 classes per week - \$145 +GST per month

4 classes per week - \$195 +GST per month

5 classes per week - \$235 +GST per month

Unlimited classes per week - \$280 +GST per month

***Troupe dancers pay a \$40/year processing fee for monthly payments. This includes any desired on-file processing throughout the year.**

***We encourage an on-file credit card # as we do have numerous extra fees that can be charged to that on-file # if authorization is provided. This system has worked well in the past for those busy parents that are not often stopping in. ☺**

***NO REFUNDS after the year begins**

*A \$20/student or \$30/family non-refundable registration fee is charged at the time of 2009/2010 registration

*A \$25 fee is charged on all NSF cheques