

ALLEGRO SCHOOL OF DANCE – REGISTRATION AND AUTOMATIC PAYMENT CONSENT FORM 2011/12

Student's Name _____ male _____ female _____

Date of Birth _____ Home Phone # _____

Address _____ City _____

Postal Code _____ Family e-mail _____

Parent's Name _____ Cell # _____

Home Phone # _____ Work Phone # _____

Emergency Contact _____ Emergency Phone # _____

Please specify which classes / days you are registering for _____

Please list any illnesses, allergies, injuries or operations _____

How did you hear about us?

Existing Student _____ Newspaper _____ Door Hanger _____ Internet _____ Sign _____

Mail Adv. _____ Referral _____ Other _____

I ALLOW Allegro School of Dance Ltd. 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 Allegro School of Dance's website and facebook page.

I DO NOT ALLOW Allegro School of Dance Ltd. to use photographs/videos of my son/daughter for promotional material.

PAYMENT OPTIONS

I would like to pay through my CHEQUING ACCOUNT and I have included a void cheque with my registration. I understand that my account will be automatically debited twice annually as stated below in the Payment Schedule.

I would like to pay by CREDIT CARD and I understand that my card will be automatically billed twice annually as stated below in the Payment Schedule.

Card Type: Visa Mastercard Card #: _____

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

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

PAYMENT SCHEDULE

Term 1 - Aug. 29, 2011 (for regular prices) or July 4, 2011 (for pre-registration prices) or start date

Term 2 - Jan. 16, 2012

Cost of Term 1 (hst inc): \$ _____ Cost of Term 2 (hst inc): \$ _____

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

Signature of Authorized Credit Card/Account Holder: _____

Date: _____

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ALLEGRO SCHOOL OF DANCE LTD. - TERMS AND CONDITIONS

- THERE WILL BE 36 WEEKS OF INSTRUCTION THROUGHOUT THE YEAR, DIVIDED INTO TWO EQUAL PAYMENT TERMS. THE FIRST TERM WILL BEGIN ON MON. SEPT. 12TH, 2011 & THE SECOND WILL BEGIN ON MON. JAN. 30TH, 2012. DUE TO STATUTORY HOLIDAYS, MONDAY DANCERS WILL ONLY RECEIVE 33 WEEKS OF INSTRUCTION PER YEAR AND WILL HAVE AN ADJUSTED TERM PRICE TO REFLECT THE MISSED CLASSES.
- TO SECURE A PLACE IN A CLASS A VOID CHEQUE OR CREDIT CARD NUMBER MUST BE INCLUDED ON OR WITH THE REGISTRATION FORM.
- ONLY REGULAR OCCURRING TERM FEES MAY BE PAID BY AUTOMATIC DEBIT OR CREDIT CARD. INCIDENTAL AND COMPETITIVE FEES MUST BE PAID BY CHEQUE OR IN PERSON THROUGH INTERAC OR CREDIT CARD.
- IF YOUR CHILD WISHES TO WITHDRAW FROM A CLASS, ALLEGRO SCHOOL OF DANCE MUST RECEIVE WRITTEN NOTICE AT LEAST TWO WEEKS PRIOR TO THE COMMENCEMENT OF THE TERM (BEFORE AUG. 29TH, 2011 FOR TERM 1 or JAN. 16TH, 2012 FOR TERM 2). IF WRITTEN NOTICE IS RECEIVED, THEN YOUR ACCOUNT WILL NOT BE DEBITTED OR YOUR CARD WILL NOT BE BILLED. EXCEPTIONS WILL NOT BE MADE TO ALLEGRO SCHOOL OF DANCE'S REFUND POLICY UNLESS A DOCTOR'S NOTE HAS BEEN RECEIVED.
- IF YOU HAVE PRE-REGISTERED BUT CHOOSE TO WITHDRAW FROM CLASSES AFTER JULY 4, 2011 AND BEFORE AUG. 29, 2010 YOUR FULL TUITION AND COSTUME DEPOSIT FOR TERM 1 WILL BE REFUNDED MINUS A \$25 PROCESSING FEE.
- A COSTUME FEE FOR THE YEAR-END RECITAL HAS BEEN INCORPORATED INTO THE TERM PRICE FOR ALL RECREATIONAL CLASSES. IF YOUR CHILD WILL NOT BE PARTICIPATING IN THE RECITAL, PLEASE INFORM ALLEGRO SCHOOL OF DANCE BEFORE JAN. 16TH AND YOUR 2ND TERM CHEQUE WILL BE ADJUSTED FOR THE TOTAL COST OF THE COSTUME. IF YOUR CHILD CHOOSES NOT CONTINUE FOR 2ND TERM, YOUR COSTUME DEPOSIT FROM 1ST TERM WILL NOT BE REFUNDED. ALL COMPETITIVE COSTUMES ARE IN ADDITION TO THE COMPETITIVE PRICE LIST AND WILL BE INVOICED INDIVIDUALLY DEPENDING ON THE COSTUME.
- 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 \$10 SERVICE CHARGE WILL BE APPLIED TO ALL RETURNED AND NSF CHEQUES.
 - AFTER AUGUST 29TH, 2011 THERE WILL BE NO REFUNDS FOR TERM 1
 - AFTER JANUARY 16TH, 2012 THERE WILL BE NO REFUNDS FOR TERM 2

ALLEGRO SCHOOL OF DANCE LTD. 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 **Allegro School of Dance Ltd.**, 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 **Allegro School of Dance Ltd.** I also authorize **Allegro School of Dance Ltd.** to take all reasonable steps to respond to medical emergencies and to seek medical treatment in the case of an injury.

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

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

Signature of Parent / Legal Guardian

Date