



www.wellspringschoolofdance.com · Email:wellspringdance@telus.net
 Studio Location: #105, 65 Chippewa Road, Sherwood Park, AB.
 Mailing Address: Box 3002, Sherwood Park, AB. T8H 2T1 · Ph: (780)718-8179

REGISTRATION FORM

One registration form per student

PERSONAL INFORMATION

Parent/Guardian: _____
last first

Student Name: _____
last first

Student Birth Date: _____
month day year

Address: _____
street apt/unit #

_____ city province postal code

Home Phone: _____ Other Phone: _____

Email: _____

Previous Dance Experience: _____

Last Ballet Grade Completed (if applicable): _____

Emergency Contact Name: _____
last first

Emergency Contact Number: _____

CLASS REGISTRATION

Please check (✓) appropriate class(es):

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Pre-school Dance | <input type="checkbox"/> Ballet | <input type="checkbox"/> Worship Dance |
| <input type="checkbox"/> Christian Hip Hop | <input type="checkbox"/> Tap | <input type="checkbox"/> Pilates |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Lyrical | <input type="checkbox"/> Tap/Jazz Combo |

- ❖ \$15.00 + GST non-refundable registration fee due with registration form.
- ❖ \$50.00 Non-refundable costume deposit due on or before first class.

OFFICE USE ONLY

Registration Fee: _____

Post-dated cheques/Full payment: _____

Costume Deposit: _____ Costume Balance: _____

Class: _____

Type	Day	Time
Type	Day	Time
Type	Day	Time

WELLSPRING SCHOOL OF DANCE

Policies:

1. Classes cancelled by WellSpring School of Dance E.G., statutory holidays will be rescheduled.
2. Written notice of one (1) calendar month is required from the registered family prior to student withdrawal from classes in order to receive the balance of the lesson fee.
3. Returned cheques are subject to a \$25.00 N.S.F. charge.
4. Payments in excess of fourteen (14) days late are subject to a \$10.00 charge. Payments in excess of one (1) month late are subject to suspension of classes until outstanding amount is paid in full.
5. No refunds or rescheduled classes will be offered for student absences.
6. No refunds on partial-year sessions.

Waiver:

In exchange for permission to participate in the WellSpring School of Dance program, I hereby grant the following release from Liability and Negligence. I release and hold harmless WellSpring School of Dance, its officers, directors, employees, agents, landlords, lessees and sponsors (hereafter the "Released Parties") from any and all liability from injury to my person or property or that of any child in my care caused in any manner, including the negligence of the Released Parties, by participation in programs with WellSpring School of Dance including classes, rehearsals and performances.

By signing this document, I agree to the above conditions of registration with WellSpring School of Dance and wish to enroll myself and/or my child/children.

Signature: _____
(Parent/Guardian of minor or Adult Dancer)

Date: _____
month dd yyyy

Photo Consent Waiver:

As indicated by my signature below, I hereby freely and voluntarily, give permission to WellSpring School of Dance to arrange professional photography by a company selected by WellSpring School of Dance to take photos during scheduled sessions at the dance school location and off-site performances.

I understand the photographed and/or video recorded images may be used for advertising or publicity/news purposes in newsprint publications, on television, played for public viewing (i.e., Sherwood Park Mall-Wide Registration Event), or may be used on the WellSpring School of Dance web site. Dancers will be identified only as WellSpring School of Dance students or similarly. I understand that individual's names will not be used unless provided by me, the undersigned, to the reporter/photographer.

Signature: _____
(Parent/Guardian of minor or Adult Dancer)

Date: _____
month dd yyyy

