



# International Dance Academy

## Registration Form for the 2020-2021 School Year

STUDENT'S FULL NAME: Please Print Clearly

\_\_\_\_\_

PARENT'S/GUARDIAN'S FULL NAME  
(IF UNDER 18 YRS): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**(MANDATORY)**

MOTHER'S WORKPLACE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FATHER'S WORKPLACE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CHILD'S DATE OF BIRTH (M/D/Y): \_\_\_\_\_ AGE (AS OF DEC 31/20): \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency contact:

1<sup>ST</sup>: \_\_\_\_\_ PHONE #: \_\_\_\_\_ OR \_\_\_\_\_

2<sup>ND</sup>: \_\_\_\_\_ PHONE #: \_\_\_\_\_ OR \_\_\_\_\_

Any student studying dance takes on certain incumbent risks. These include, but are not limited to sprains, pulled muscles and broken bones. Participation in any classes, performances, competitions, or any other related activities with International Dance Academy (IDA) indicates acceptance of such risks. Therefore, IDA, its directors, owners, instructors, agents, employees, etc. assume no responsibility for personal injury or property loss. The undersigned represents that the student named herein is physically sound and has medical approval to proceed with normal routine exercise applicable to the dance arts. The undersigned also understands, and agrees that IDA reserves the right, at any time, to void this membership for any action by the member, that the IDA deems undesirable. The undersigned further gives permission to have staff of IDA arrange for any emergency medical care including transportation, if necessary.

I, the undersigned, do hereby understand and do hereby agree that photographs, videotapes and film may be taken by International Dance Academy staff and/or agents during any of the various school activities (classes, performances, competition, recreational activities, etc.) in the school year and may be used for promotional, archival, educational or other purposes of said child named herein.

I further understand no videos of choreography and/or classwork can be uploaded to any form of social media without the formal consent of both the Artistic Director and instructor involved.

Should International Dance Academy need to close its facility for any reason, pandemic or otherwise, classes will move to ZOOM, no refunds.

### 1) WHAT FORM OF ADVERTISING INTRODUCED YOU TO OUR SCHOOL? (PLEASE CIRCLE)

\_\_\_ FORMER STUDENT      \_\_\_ WEBSITE      \_\_\_ YELLOW PAGES      \_\_\_ FACEBOOK  
\_\_\_ WORD OF MOUTH      \_\_\_ INSTAGRAM      OTHER \_\_\_\_\_

2) CLASSES STUDENT WISHES TO ENROLL IN? (PLEASE CIRCLE)

- |                                                      |                                        |                                           |
|------------------------------------------------------|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> TWINKLE TOTS                | <input type="checkbox"/> KINDERDANCE   | <input type="checkbox"/> MOVERS & SHAKERS |
| <input type="checkbox"/> TAP                         | <input type="checkbox"/> HIP HOP       | <input type="checkbox"/> LYRICAL          |
| <input type="checkbox"/> BALLET                      | <input type="checkbox"/> BALLET POINTE | <input type="checkbox"/> MUSICAL THEATRE  |
| <input type="checkbox"/> MODERN                      | <input type="checkbox"/> PAS DE DEUX   | <input type="checkbox"/> JAZZ             |
| <input type="checkbox"/> STRETCH, SHAPE & STRENGTHEN | <input type="checkbox"/> ACRO          | <input type="checkbox"/> BALLET EXAM WORK |
| <input type="checkbox"/> JAZZ EXAM WORK              | <input type="checkbox"/> TAP EXAM WORK |                                           |

3) OTHER INFORMATION:

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**METHOD OF PAYMENT** – (Please Circle) VISA, MASTERCARD, E-TRANSFER ([laura@internationaldanceacademy.com](mailto:laura@internationaldanceacademy.com)), CHEQUE, (DEBIT OR CASH payments, in person only)

CARDHOLDER'S NAME \_\_\_\_\_  
CREDIT CARD BILLING ADDRESS \_\_\_\_\_  
CARD # \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ CVV CODE \_\_\_\_\_

**OPTIONS OF PAYMENT** – (Please Check One Option)

- (a) Full Payment \_\_\_\_\_
- (b) Term payments, charged to your credit card  
September 1<sup>st</sup> and January 1<sup>st</sup> \_\_\_\_\_
- (b) Term payments, dated September 1<sup>st</sup> and January 1<sup>st</sup> \_\_\_\_\_  
(2 Cheques are enclosed)
- (c) 8 Monthly payments, September to April, surcharge of \$25.00 \_\_\_\_\_  
(CREDIT CARD INFO REQUIRED [VISA/MASTERCARD])

**PRIVACY POLICY**

Any personal information collected by International Dance Academy, including address, emergency contact information, and medical information is for internal use only. It will not be shared with any external organizations without your expressed consent.

DATED: \_\_\_\_\_

\_\_\_\_\_  
(PARENT'S/GUARDIAN'S SIGNATURE) (IF STUDENT UNDER 18 YRS)