



International Dance Academy

Registration Form for the 2021-2022 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): _____

MEDICAL CONDITIONS/ALLERGIES:

In case of emergency contact:

1ST: _____ PHONE #: _____ OR _____

2ND: _____ 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. _____ **Initial**

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. _____ **Initial**

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. _____ **Initial**

Should International Dance Academy need to close its facility for any reason, pandemic or otherwise, classes will move to ZOOM, no refunds, and all outstanding dance fees payable as noted herein. _____ **Initial**

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)**

TWINKLE TOTS KINDERDANCE MOVERS & SHAKERS
 TAP HIP HOP LYRICAL
 BALLET BALLET POINTE MUSICAL THEATRE
 MODERN PAS DE DEUX JAZZ
 STRETCH, SHAPE & STRENGTHEN ACRO BALLET EXAM WORK
 JAZZ EXAM WORK TAP EXAM WORK
 PROGRESSING BALLET TECHNIQUE

3) **OTHER INFORMATION:**

METHOD OF PAYMENT – (Please Circle) VISA, MASTERCARD, CHEQUE, (DEBIT OR CASH payments, in person only) E-TRANSFER
(laura@internationaldanceacademy.com, set password “internationaldance”)

CARDHOLDER’S NAME _____
CREDIT CARD BILLING ADDRESS _____
CARD # _____ EXPIRY DATE _____
SIGNATURE _____ CVV CODE _____

OPTIONS OF PAYMENT – (Please Check One Option)

- (a) Full Year Payment _____
- (b) Term payments, charged to your credit card
September 1st and January 1st _____
- (c) Term payments, dated September 1st and January 1st _____
(2 Cheques are enclosed)
- (d) 8 Monthly payments, September to April, surcharge of \$25.00 _____
(CREDIT CARD INFO REQUIRED [VISA/MASTERCARD],
all monthly payments due on the 1st of each month)

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)