

The logo for Across the Floor Dance Studio features a stylized blue figure of a dancer in a dynamic pose, with arms and legs flowing. The text "Across the Floor" is written in a bold, black, sans-serif font, with a blue horizontal line underneath. Below this, the words "DANCE STUDIO" are written in a smaller, black, sans-serif font.

Across the Floor
DANCE STUDIO

Dear Parents and Students:

As our 2017 season comes to an end we would like to thank all of our dancers and their families for another very enjoyable year.

We would like to advise all our parents and dancers that we have started preparing for the 2017/2018 dance year. To prepare for the fall schedule we need to know which dancers are returning and the classes that they will be interested in taking before we open registration to the general public. So we would like you to take a few minutes to fill out the enclosed registration form to help us prepare for our upcoming year and return to the AFDS office as soon as possible along with your non-refundable \$50 Registration Fee and \$100.00 non-refundable tuition deposit per dancer to secure your spot.

Registration forms can be picked up at the office during regular office hours. Our office hours are Monday – Thursday from 4:00 – 8:00 PM and Saturday's from 10:00 AM – 1:00 PM. Registrations will not be accepted on any outstanding accounts without prior payment arrangements. A tentative fall schedule will be available in July.

We are also looking for feedback as to how the last year has gone for you and your dancer. Feedback and any ideas or concerns are what we need to make our Studio a great place for everyone.

Thank-you

Shelley & Shauna



2017 - 2018 Registration Form

Enclose a non-refundable \$50.00 Registration Fee and a non-refundable \$100.00 Tuition Deposit Per Dancer

- Check Here if Returning Student Check Here if information hasn't changed

Student's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email: _____

Name: _____

Person responsible for account: _____

Student's age (as of 9/1/2017) _____ Birthdate: _____

Previous dance training: _____

Any health or physical restrictions?: _____

How did you hear about us: Connections Magazine Website Friend Facebook

Please enroll student in:

- Ballet Tap Jazz Modern Lyrical Hip/Hop Jazz/Hop (3-5 yr olds) Contemporary Acro Yoga For Kids Song & Dance (7 & up) Exam Participant (Ballet, Jazz, Tap and Acro)

(To enroll in Acro, Modern, Lyrical or Contemporary, you must be enrolled in twice a week ballet)

Due to insurance purposes we will not allow your child to attend classes without a signed release

RELEASE: I (WE) THE UNDERSIGNED STUDENT, PARENT, OR LEGAL GUARDIAN OF A STUDENT OF THE CLASSES HELD BY ACROSS THE FLOOR DANCE STUDIO, DO VOLUNTARILY AND KNOWINGLY EXECUTE THIS RELEASE WITH THE EXPRESSED INTENTION OF EFFECTING THE EXTINGUISHMENT OF AND COMPLETE RELEASE FROM ANY AND ALL CLAIMS, ACTIONS, DEMANDS, OR RIGHTS TO MONETARY JUDGEMENT ARISING FROM ANY AND ALL INJURY OR PHYSICAL HARM WHICH MAY ARISE FROM OR BE SUSTAINED AS A RESULT OF MY PARTICIPATION OR THE PARTICIPATION OF MY CHILD AND/OR LEGAL WARD IN VARIOUS PROGRAMS OF INSTRUCTION, PRACTICE AND PHYSICAL ACTIVITY ASSOCIATED WITH THE STUDY OF DANCE AND RELATED ACTIVITIES CONDUCTED AT ACROSS THE FLOOR DANCE STUDIO.

I HAVE READ AND UNDERSTOOD ALL RULES AND POLICIES OF ACROSS THE FLOOR DANCE STUDIO.

SIGNATURE (parent/legal guardian): _____ Date: _____



**Registration/Tuition Policies, Medical and Transportation
Release Authorization Form 2017-2018**

(THIS FORM MUST BE COMPLETED IN ITS ENTIRETY WITH A NON-REFUNDABLE \$50 REGISTRATION FEE AND A NON-REFUNDABLE \$100.00 TUITION DEPOSIT PER DANCER FOR YOUR REGISTRATION TO BE COMPLETE).

PLEASE INITIAL EACH SECTION BELOW AND GIVE REQUIRED ADULT SIGNATURE AT BOTTOM

This form is to authorize Across The Floor Dance Studio, 10301 – 112th Street, Grande Prairie, AB, their agents, representatives and employees (hereafter "The School") to obtain medical assistance and to provide transportation for the student or child herein below named, and to release "The School" from liability for injuries to the named student or child while on school premises or otherwise in the care of school staff members, such as transporting the student/children.

_____ I, in the event that I cannot make arrangements for emergency medical attention at the time of illness or accident of me/my child, I hereby authorize "The School" to take me/my child to the Hospital, where medication or medical procedures they may deem necessary for me/my child's well being will be administered. The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement.

_____ I, further understand and agree that "The School" may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of "The School", it is deemed necessary.

_____ I, represent that I am student/parent/guardian of the student/child named below and I am fully responsible for the care and well being of the student/child. I agree that "The School" shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the student/child, or in the name of or for the benefit of any other person as a result of personal injury to the student/child named below while on the premises of "The School" or otherwise in the care of "The School" including any such injuries sustained while the student/child is being transported as herein authorized, and hereby agree to indemnify and hold harmless "the School" and servants, whether paid or volunteer, against any and all claims which may arise from any injury to said student/child while participating in or being transported to programs of "The School. Provided, however, "The School" shall be liable for injuries resulting from gross negligence of "The School", or injuries intentionally inflicted by "The School".

_____ I acknowledge that I/my child will be video-taped and/or photographed for educational, performance and advertising purposes.

_____ I understand that tuition is payable in instalments in advance, by post-dated cheques or valid credit card, due **September, 11th, 2017, December 4th, 2017, and March 5th, 2018** at the time of registration to retain class placement or nine (9) post-dated cheques dated for the 1st of every month (September, 2016 to May, 2017.) Tuition remains the same regardless of absences, vacations or holidays. No refunds or adjustments due to absences. Tuition is non-refundable and non-transferable. Costume fees are due with first quarter tuition and are non-refundable. Costume fees range from \$85.00 - \$100.00 per class. In the event costume costs are above \$85.00, the remaining balance will be invoiced and payable April 2nd, 2018. I also understand that a 2% late fee will be charged if fees are not paid within the first month of each term and a \$25.00 fee for any returned cheque will be assessed to my account if not current or payment is received after the term is due, regardless of absences, illnesses vacations or holidays. Full years tuition paid prior to September 1, 2017, will receive a 5% discount on tuition only.

_____ I understand that in order to withdraw from Across the Floor Dance Studio, written notification is required prior to the start of a new term. No refunds will be issued after the start of a new term.

Emergency Contact (if different from parent) _____ Relationship _____

Emergency Numbers: Day _____ Evening _____ Cell _____

Please list any medical conditions, injuries, allergies, etc. _____

By signing below, I agree to have read the forgoing Tuition/Registration Policies, Medical and Transportation Release statements and concur with it in all respects.

Print Student's Name

Parent/Guardian Signature Date
(Student signature if age 18 or older)