ILLUSION DANCE 2021/22 ACRO REGISTRATION

**Dancer Info**

Dancers First Name: Last Name:

Birthdate: Age:

Mailing Address: Town/City:

Postal Code: Phone #:

**Parent/Guardian Info**

Parent/Guardian Name(s):

Home Phone #: Cell #:

Day time Phone #: email:

Emergency Contact:

Relation to student: Phone #:

Are there any medical/behavioral concerns the staff should be made aware of?

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

Please list previous acro/dance training:

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

**Please check age/level group:**

***Session 1 September 20th – November 8th* (8 weeks)** ☐

***Session 2 January 3rd – February 22nd(8 weeks)*** ☐

Ages 7-9 years $157.50 (Gst Included) ☐

Ages 10+ years $157.50 (Gst Included) ☐

**Full Season Program (invite ONLY) Sept-May** ☐

**$451.00 + $168.00 festival/costume fees** ☐

+ $35.00 Registration fee **(registration fee to be paid by students NOT registered in other Illusion classes only)**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Payment:**

Method of Payment Cash: Ck: DB: CC: Credit Card #: Exp:

**Refund Policy:** There are no refunds on the 8-week session classes. There is a partial refund for performance all season acro program.

**I’ve read and agree with the terms above \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Policy:**  I agree to pay the full amount of the 157.50 for the 8-week session at the time of registration. Registration is first come first serve basis therefore if not paid in full his/her spot cannot be held.

**I’ve read and agree with the terms above \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Freedom of Information and Protection of Privacy Act (FOIP)** We sometimes use candid photos of students in our brochures, publicity releases and websites. Our performances are videotaped. Do we have your permission to use your dancer’s photos/videos?

**YES\_\_\_\_ NO\_\_\_\_ Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Code of Conduct:** I have read and understood the Acrobatique Student Code of Conduct and agree to follow all important guidelines.

**YES\_\_\_\_ NO\_\_\_\_ Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Students will need to sign their own Code of Conduct the first class.

Illusion Dance Co. ltd

ACRO WAIVER AND RELEASE OF LIABILITY

I am aware that participating in dance and acrobatic dance involves inherent risks and

hazards. I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, property damage, or loss resulting from such risks and hazards. I voluntarily agree to release Illusion Dance Co. ltd, Natasha Douglas and all student instructors from any and all liability for any loss, damage, injury or expense that I or my next of kin, successors or dependents may suffer or incur as a result of participation with this event due to any cause whatsoever including negligence on the part of Illusion Dance Co. ltd, Natasha Douglas, Illusion Dance employees and/or contractors.

As the Parent or Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if I cannot

be contacted, I authorize Illusion Dance Co. ltd. to seek medical services in case of serious injury or illness. I further agree to accept financial responsibility in excess of the benefits allowed by my health plan. I understand that Illusion Dance Co. ltd, Natasha Douglas, Illusion Dance employees and/or contractors will not assume responsibility for any lost or stolen property, or for any bodily or personal injury consisting of or arising out of any participation in any physical training or athletic activity.

Dated in the City of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the

\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_

Signature of Parent or Guardian of Participant: