

**Bobcaygeon's Creative Movement Centre of Dance's**  
**SUMMER REGISTRATION FORM AND WAIVERS**

Committing to six classes from July 8<sup>th</sup> to August 12<sup>th</sup>, 2024

NAME OF STUDENT: \_\_\_\_\_

Student Birthdate: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Any Health Concerns Teachers Should Know: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Select the following classes that you are registering for:

CLASS	AGE GROUP	DATE AND TIME	MONTHLY FEE	CHECK HERE
Tiny Tots	Ages 0-3	Mondays 4pm-4:30pm	\$55 total	
Creative Movement	Ages 3-5	Mondays 4:45pm-5:15pm	\$55 total	
Acro/Jazz	Ages 6-12	Mondays 5:30pm-6:15pm	\$70 total	
Contemporary & Improvisation	Ages 8-15	Mondays 6:30pm-7:15pm	\$70 total	
Adult Zumba	Ages 16+	Mondays 7:30pm-8:15pm	\$70 total	

SCHEDULE SUBJECT TO CHANGE PENDING REGISTRATIONS

Private and Semi Private Lessons: by special arrangement

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Payment Policy Agreement

Dear Parents and Guardians,

This form is to commit and consent to our payment policies listed below:

\*When registering for a new term, we charge a \$5 registration fee per student along with the first month's payment.

\*If you chose to pay by **cheque**, please bring the cheque payable to **Bobcaygeon's Creative Movement Centre of Dance** with you in an envelope on the first class of each month. If an NSF occurs, a \$25 fee will be charged and a replacement cheque or cash will be required at the next class.

\*If you chose to **pay in cash**, please bring the cash with you in an envelope on the first class of each month.

\*If you chose to pay by **Etransfer**, please submit the payment prior to the start time of the dancers first class of the month to **bobcaygeonscmc@gmail.com**

\*If payment is not made by the second class of the month, the dancer will not be allowed to participate in classes until payment in made.

Dancer or Dancers's Names: \_\_\_\_\_, \_\_\_\_\_

Parent or Guardian of Child or Children's Name: \_\_\_\_\_

Method of Payment Selected: \_\_\_\_\_

I, \_\_\_\_\_ hereby agree to the all of the following terms and conditions of Bobcaygeon's Creative Movement Centre of Dance's payment policy above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Liability Waiver

Dear Parents and Guardians,

This form is to certify that my child is in a healthy physical condition and are able to participate fully in our classes. I release Bobcaygeon's Creative Movement Centre of Dance and its faculty as well as the Bobcaygeon and District Lions Club from any liability in the event of accident, injury, or illness.

Dancer or Dancer's Names: \_\_\_\_\_, \_\_\_\_\_

Parent or Guardian of Child or Children's Name: \_\_\_\_\_

I, \_\_\_\_\_ hereby release Bobcaygeon's Creative Movement Centre of Dance and their faculty from any liability in the event that an accident, injury, or illness may incur to myself or my child (and or children).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Photography Waiver

Dear Parents and Guardians,

This form is to give formal consent authorizing your child to be a part of pictures that will be used for advertising purposes. This also authorizes your child to be a part of the group photo on the last day that will be emailed to each family. If you do not wish that your child (and or children) be a part of the group photo, they do not have to partake.

Dancer or Dancer's Names: \_\_\_\_\_, \_\_\_\_\_

Parent or Guardian of Child or Children's Name: \_\_\_\_\_

I, \_\_\_\_\_ hereby give consent to Bobcaygeon's Creative Movement Centre of Dance to take pictures of my child (and or children) for their advertising and to be in the group photo.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_