

Bobcaygeon's Creative Movement Centre of Dance's

WINTER & SPRING REGISTRATION FORM FOR NEW ADULT & DANCE WITH SUPPORT STUDENTS

NAME OF STUDENT: _____

Student Birthdate: Day: _____ Month: _____ Year: _____

Any Health Concerns Teachers Should Know: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

**COMMITTING TO CLASSES & PAYMENTS FROM:
Sunday January 19th to Sunday June 8th, 2025**

Select the following classes that you are registering for:

CLASS	AGE GROUP	DATE AND TIME	MONTHLY FEE	TERM COMMITMENT ONLY	TERM COMMITMENT & RECITAL
Dance With Support	Ages 0-18 + Support Individual	Thursdays 4:40pm-5:10pm	\$43 per month		
Dance With Support	Ages 18-75 Support Individual Optional	Thursdays 6:15pm-7:00pm	\$54 per month		
Adult Burlesque	Ages 16+	Sundays 5:15pm-6:00pm	\$54 per month		

SCHEDULE SUBJECT TO CHANGE PENDING REGISTRATIONS

CLASS RATES ABOVE INCLUDE GST/HST

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

*If you choose 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 is made.

Dancer/s Name/s: _____, _____

Parent or Guardian of Child or Children's Name: _____

Method of Payment Selected: _____

I, _____ hereby agree to all 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 & District Lions Club from any liability in the event of accident, injury, or illness.

Dancer/s Name/s: _____, _____

Parent or Guardian of Child or Children's Name: _____

I, _____ hereby release Bobcaygeon's Creative Movement Centre of Dance, their faculty, and the Bobcaygeon & District Lions Club 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/s Name/s: _____, _____

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: _____