



The Academy of Expressive Dance

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Workshop Series

Registration and Waiver

NAME OF STUDENT: _____

BIRTHDATE: (M/D/Y) _____ CLASS(ES) to be registered in: _____

Mailing address: _____

City: _____ postal code: _____

Home phone: _____ Cell phone: _____

Email: _____ @ _____

(IF you are under 18) *Parent(s) Name(s) : _____

Who may we call in case of emergency? (name, relationship & phone) _____

MEDICAL INFORMATION:

Doctor: _____ phone: _____

Medical Concerns and/or Allergies: _____

WAIVER & Cancellation agreement:

Participation in general fitness and activity involves a risk of normal injuries. An individual's participation will be seen as an acceptance of such risks.

I understand that the Academy of Expressive Dance, its instructors, employees, and owners are NOT responsible for ANY injury or loss incurred at the studio, premises, or property. I agree to abide by all rules, regulations, and instructions outlined by the Academy/employees/instructors. I agree to accept responsibility for any injuries and losses, and I hereby release The Academy of Expressive Dance/owners/employees/ instructors of all liability.

Cancellation & Refunds: I have two classes in which to withdraw with a refund and I must notify the Academy of Expressive Dance of my intention's by the end of those two classes. After this time period, a Doctor's note may be required. No refund claims will be honoured after a session has ended. I have read the tuition information sheet and accept the refund policies of the Academy. If my cheque is returned NSF, I understand that I must honour it with cash and will be charged a \$50.00 fee. I understand that there are no allowances for credits/refunds for a class I miss. Classes canceled due to instructor illness or poor weather will be added onto the end of a session.

Signature

Date