



Dance Concept Registration Form

Students Name: _____

Date of Birth: _____

Address: _____

Parent/ Guardian Name: _____

Telephone: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Details of any medical conditions and/or special needs:

Details of previous dance experience and/or exams:

Any other information that you feel would benefit Dance Concept to be aware of, please detail below:

How did you hear about us?

Terms and Conditions

Fees

- Full payment of fees for forthcoming session is required within the first week of session. Payment received 14 days or later will incur a 10% administration fee.
- Payments can be made by cheques or cash. Cheques should be made payable to Richard Lifshitz
- Payments can be made in monthly installments with post dated cheques dated the first class of every month also accepted
- A 10% discount is given to students who have one, or more, siblings attending classes.
- Should it be necessary to cancel classes in which the teacher has no control, fee refunds or compensation **cannot be given.**

Attendance

- Any student unable to attend a class he/she should contact teacher on necessary number at least one hour prior to their class.
- Please note only a make up class is given, refund of fees cannot be given. This requires at least 24hours notice.
- Should a child wish to withdraw from a class, half session written notice is required or half term session fee will be liable. Adults are exempt from this condition, however out of courtesy, we would appreciate some advanced warning.

I have read and accept all terms written above

Signed

Date



Dance Concept Dance School Liability Waiver and Acknowledgement of risk

Read and Sign Below

Registration is incomplete without signature and must be completed before class

I understand and agree that in participating in any dance class, lesson or performance there is possibility of physical injury or death. I voluntarily accept all responsibility for any such injury, or accident, which might occur to me or my child during any of the Dance Concept classes, lessons or performances. I also exempt, release and indemnify Dance Concept School, its owners, volunteers, assistants, employees, guest artists, and/or students from all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my child, or property which may arise with participation conducted by Dance Concept. I further herby voluntarily agree to waive my rights and that of my heirs and assigns to hold Dance Concept and co liable for such damage, loss, injury or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the legal guardian and have the right to waive these rights.

Permission is granted Dance Concept to use photographs of students for publicity purposes.

I have read, understood and agree to the above statement

(please print your name, sign and date)

PRINTED: _____

SIGNED: _____

(if under 18, parents or legal guardian)

FOR: _____

(name of student)

DATED: _____