



# NOW Dance Pre-School Saturday Sessions

Questions? Call us at 780-513-8207 or  
Email at admin@nowdance.ca



## REGISTRATION FORM

Dancer's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone# ( ) \_\_\_\_\_ Age: \_\_\_\_\_

PLEASE CHECK ONE:  BABY (3 - 4 yrs)  PRE-PRIMARY (5 - 6 yrs)

### REGISTRATION FEES: (GST INCLUDED IN PRICE)

SESSION RATE: **\$125.00/discipline** (Payment due in full at time of Registration)

PARENTS, FRIENDS, FAMILY MEMBERS MAY COME AND WATCH THE SHOWCASE ON THE LAST SATURDAY OF EACH SESSION!

### SESSIONS:

PLEASE CHECK	<b>SESSION 1</b>	<b>SESSION 2</b>
which SESSIONAL	Sept. 24/11 to Nov. 12/11	Jan. 14/12 to Mar. 3/12
REGISTERING FOR	<input type="checkbox"/> BALLET <input type="checkbox"/> JAZZ	<input type="checkbox"/> BALLET <input type="checkbox"/> TAP

### PAYMENT

I am enclosing a money order/certified cheque in the amount of \$ \_\_\_\_\_

I wish to pay by credit card. Please charge the amount of \$ \_\_\_\_\_ to my card as follows:  
Visa & Mastercard accepted.

CARD # \_\_\_\_\_ EXPIRY DATE (MM/YYYY) \_\_\_\_\_  
 NAME ON CARD: \_\_\_\_\_ VERIFICATION # \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ TODAYS DATE: \_\_\_\_\_

PLEASE NOTE THAT WE ALSO ACCEPT DEBIT CARD IF YOU ARE ABLE TO PAY THE STUDIO IN PERSON.

### ADDITIONAL INFORMATION

Emergency contact Name #1 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency contact Name #2 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Does Dancer have any medical conditions and/or allergies we should be aware of? \_\_\_\_\_

### LIABILITY WAIVER

I, the undersigned, being 18 years of age or older, on behalf of the student named above, understand the NOW DANCE and the instructors of the session(s) are not liable for personal injuries or loss of, or damage to, personal property. I understand that participating in dance classes involves the possibility of personal injury. I therefore assume all risks involved in the participation of the session(s) for my participating minor child. I exempt, release and indemnify the NOW Dance faculty, including assistants, volunteers, and administrative assistants from any and all liability claims, demands or causes of action whatsoever from any damage, loss or physical injury to myself or my participating minor child. I understand that each student may decline to participate in any activity. By signing below, I am acknowledging that I have read and agree to be bound by all the rules and regulations as stated on this form.

➔ Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 (parent or legal guardian) (parent or legal guardian)  
 Date: \_\_\_\_\_