



Sooke Dance Studio

REGISTRATION FORM

Mailing address:
 Carole Cave Dance
 7072 Richview Road
 Sooke, BC V9Z 0T3

2010/2011

Participant's Name _____

Address _____

New postal code _____

Telephone # (home) _____ (cell) _____ (work) _____

Email address _____

Parent's name _____

Child's Age _____ Birthdate _____

Emergency Contact (Name and Phone Number) _____

Programs (Check appropriate boxes and add details)

	class:	day/time:	Hours
<input type="checkbox"/> toddler	1. _____	_____	_____
<input type="checkbox"/> preschool	2. _____	_____	_____
<input type="checkbox"/> youth	3. _____	_____	_____
<input type="checkbox"/> teen	4. _____	_____	_____
<input type="checkbox"/> adult	5. _____	_____	_____
<input type="checkbox"/> special session	6. _____	_____	_____
<input type="checkbox"/> summer camp	7. _____	_____	_____
	8. _____	_____	_____
	9. _____	_____	_____
	10. _____	_____	_____
	11. _____	_____	_____
	12. _____	_____	_____

TOTAL HOURS PER DANCER _____

Select payment option 1 PayPal payment on website 1 cheque in full 3 cheques 9 cheques. See Fee Table for applicable tuition fee.

Add \$25 registration fee per family to first payment. (Adult, Toddler, Boys, summer and special sessions exempt registration fee)

Costume Deposit total # of classes _____ X \$40 = _____ dated Jan. 15th. (Adult, summer & special sessions exempt costume deposit)

AGREEMENT Please read and sign below

I authorize Sooke Dance Studio/Carole Cave Dance to use **photos** of myself/my child for educational or promotional purposes in any type of media, including its website. **yes** **no**

WITHDRAW POLICY : One full MONTH advanced written notice (email acceptable) required for all withdrawal from any class or classes. Registration fee is non-refundable. No partial month fees refunded. **No withdrawals accepted after February 1. Dance fees are not refundable after March 1. NO EXCEPTIONS.**

LIABILITY DISCLAIMER: The student/parent acknowledges that, as with any physical activity such as dance, there are inherent risks of injury and the student knowingly and voluntarily assumes the risk of injury and agrees that Carole Cave Dance and the/it's instructors are not liable for personal injuries that the student may suffer during class or at any related function. The student further acknowledges that neither Carole Cave Dance nor its instructors are responsible for any loss of or damage to, the student's personal property.

I agree to the above conditions.

Signature _____ Date _____