



REGISTRATION FORM

#109-19232 Enterprise Way, Surrey, BC V3S 6J9

TEL: 604.575.2630 FAX: 604.575.2631

www.dancetrancebc.com

Student's First and Last Name:		Gender: M _____ F _____	Current Age:
Parent/Guardian Name:		Birthdate: (M/D/Y)	
Address: (Street, City and Postal Code)		Home Phone:	
		Cell Phone (1):	Cell Phone (2):
Email: (primary)		Email: (secondary)	
Emergency Contact Name: (Cannot be the parent)		Emergency Contact Phone Number:	
BC Health Care Number:		Medical Information:	
Are you a new student? Yes No If YES, what is your dance history?	Where did you hear about us?	Were you referred by another family: Name:	

****Email is our main method of communication with our clients****

WAIVER FORM

I hereby acknowledge and understand that neither 'Dance Trance', nor its proprietors, heirs, successors, or assigns, are to be held liable for any injury caused, sickness or disability which occurs to 'the Student', _____ (Student's Name), due to the physical activity of dance.

I understand that DANCE TRANCE, and any and all persons connected with DANCE TRANCE are not liable for personal injury, loss of or damage to, personal property arising from my participation in any activities that involve DANCE TRANCE, whether it be at the studio, competition, event, or travel. I exempt, release and indemnify DANCE TRANCE and any and all persons related to DANCE TRANCE 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.

It is further understood that I agree to give one month's written notice and class fees, to withdraw my child from dance classes. I further commit to pay first and last month class fees upon registration and understand they are non-refundable. I also agree to provide either **POST DATED CHEQUES** or an **AUTO DEBIT FORM** for the remaining monthly class fees, along with my non-refundable registration fee and costume deposit fees.

I also have read, acknowledge, and understand the rules and regulations stated in the Student Handbook regarding the operations of 'Dance Trance Dancing School & Talent Agency', and will to the best of my ability abide by them. I will read the bulletin board and check my emails, to keep up to date regarding events at "Dance Trance Dance School & Talent Agency" I understand the consequences if I do not abide by the rules stated in the handbook.

I further give permission for Dance Trance to release my personal contact information to staff and parent volunteers for the purpose of contacting me with information relating to my participation in Dance Trance. I further give permission for the usage of my picture and/or name for the purpose of advertising in the local newspaper, flyers, Dance Trance website, Facebook and Instagram.

Parent/Guardian Signature: _____ **Date:** _____

REGISTRATION IS VOID WITHOUT SIGNATURE.

PRE-REGISTRATION SECTION

(Prior to schedule being posted)

Classes interested in (please circle dance style **and** rec or comp):

You do not need to note your preference for KOMPANY, as this is by recommendation only.

Jazz Rec / Comp	Tap Rec / Comp	Hip Hop Rec / Comp	Large HH K Group	Break Rec/ Comp	Ballet 1X/2X Week	Pre- Pointe/ Pointe	Vaganova Ballet	Acro Rec/ comp	Lyrical Rec/ Comp
							PBT		
Jazz Tech	Tap Tech	Hip Hop Tech	Waacking/ House/Lock Tech	Break Tech	Comp Ballet Group	Adult Ballet Barre/PBT	Contemp Rec/ Comp	Acro Tech	MT Rec/ Comp

See handbook for pre-requisites for competitive classes—these are mandatory

Weekday

Saturday

PLEASE FILL OUT SECTION BELOW ONCE SCHEDULE IS AVAILABLE

Class & Teacher Name (as seen on schedule)	Day & Time (as seen on schedule)	Hours	Costume Deposit	Competition Fees
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
		Total Hours _____	Total Deposit _____	Total Comp Fees _____

OFFICE USE ONLY

Due at time of Registration:

- September/June Fees – *Non Refundable* (Invoice #: _____)
- Costume deposit(s) \$75 (Invoice #: _____)
- Referral credit (Invoice #: _____) Post Dated cheques or Auto Debit Form

OFFICE USE ONLY

	Amount	Payment Method	Date Paid	Invoice #
Registration Fee (NON- REFUNDABLE)				

- Attendance
Book(s)

- Class Book

- Email

- Simply

- Excel