

† DIVINE DANCE ACADEMY †

A Division of 607116 Alberta Ltd.

GST # 137356127

Trish (home): 403-728-2331
Cell: 403-304-4506

Studio: 403-556-8710
4109 47th Avenue, Olds, AB

Registration Contract

Student's Name: _____ Age: (As of September 1) _____

Date of Birth: Month: _____ Day: _____ Year: _____

Parents' Names: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Phone Number: Home: _____ Work: _____ Fax: _____

Emergency Contact: Name: _____ Phone: _____

Medical Problems: _____

- I wish to receive email updates from **divinedanceacademy.com** and have provided my email below.
- I authorize my child's first name to be listed on the website for **rehearsal** purposes.
- I authorize the full use of my child's name to be listed on the website regarding **dance** in general.
- I authorize my child's picture to be shown on the website with his/her name
- I authorize my child's picture to be shown on the website without his/her name
- I authorize the posting of my child's first name only
- I DO NOT wish to have my child listed for ANY REASON on the website.

Parent or guardian's signature: _____ Date: _____

Email Address for DDA News: _____

Withdrawal: In the event of withdrawal, one month's tuition must be paid for and notice given in writing. This comes into effect after the first four (4) weeks of classes, which constitutes your 'trial period'. There is no penalty for withdrawal within the trial period or if it is a forced withdrawal for medical reasons. Withdrawals are not accepted after March 1st.

Divine Dance Academy will not be held liable for any lost, stolen or damaged articles or personal injuries.

Parent's Initials _____

Terms of Payment:

- Post-dated monthly cheques or money orders made out for September through May, dated for the 1st or the 15th of each month.
- Other approved arrangements.

PLEASE DO NOT PAY WITH CASH.

I (the Legal Parent or Guardian), understand and agree to the above terms and conditions. I have read through the information newsletters and accept the prices and requirements stated.

Parent or guardian's signature: _____ Date: _____

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Office Use Only

Trial Period: _____

- TAP:**
- | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> PRE | <input type="checkbox"/> BEGINNER | |
| <input type="checkbox"/> JR 1 | <input type="checkbox"/> JR 2 | <input type="checkbox"/> JR 3 |
| <input type="checkbox"/> PRE-INTER 1 | <input type="checkbox"/> PRE-INTER 2 | <input type="checkbox"/> PRE-INTER 3 |
| <input type="checkbox"/> INTER-1 | <input type="checkbox"/> INTER-2 | <input type="checkbox"/> INTER-3 |
| <input type="checkbox"/> PRE-ADVANCED | <input type="checkbox"/> ADVANCED | |
- BALLET:**
- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> BABY BOOGIE | <input type="checkbox"/> PRE-BALLET | <input type="checkbox"/> PRE-PRIMARY |
| <input type="checkbox"/> PRIMARY | <input type="checkbox"/> GRADE 1 | <input type="checkbox"/> GRADE 2 |
| <input type="checkbox"/> GRADE 3 | <input type="checkbox"/> GRADE 4 | <input type="checkbox"/> GRADE 5 |
| <input type="checkbox"/> GRADE 6 | <input type="checkbox"/> GRADE 7 | <input type="checkbox"/> GRADE 8 |
| <input type="checkbox"/> INT FOUNDATION | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADV FOUND. |
| <input type="checkbox"/> ADVANCED 1 | <input type="checkbox"/> ADVANCED 2 | |
| <input type="checkbox"/> PREP POINTE | <input type="checkbox"/> POINTE | |
- JAZZ:**
- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> INTRO JAZZ | <input type="checkbox"/> BEGINNER JAZZ | |
| <input type="checkbox"/> JR 1 | <input type="checkbox"/> JR 2 | <input type="checkbox"/> JR 3 |
| <input type="checkbox"/> PRE-INTER 1 | <input type="checkbox"/> PRE-INTER 2 | <input type="checkbox"/> PRE-INTER 3 |
| <input type="checkbox"/> INTER-1 | <input type="checkbox"/> INTER-2 | <input type="checkbox"/> INTER-3 |
| <input type="checkbox"/> PRE-ADVANCED | <input type="checkbox"/> ADVANCED | |
- HIP HOP:**
- | | | |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> LEVEL 1 | <input type="checkbox"/> LEVEL 2 | |
| <input type="checkbox"/> LEVEL 3 | <input type="checkbox"/> TEEN | |
- LYRICAL:**
- | | | |
|---------------------------------------|---------------------------------|--|
| <input type="checkbox"/> JUNIOR | <input type="checkbox"/> SENIOR | |
| <input type="checkbox"/> STRETCH/ACRO | | |

COMPETITIVE

- | | | | | | |
|-------------|------------------------------|---------------------------------|-------------------------------|----------------------------------|----------------------------------|
| SOLO | <input type="checkbox"/> TAP | <input type="checkbox"/> BALLET | <input type="checkbox"/> JAZZ | <input type="checkbox"/> LYRICAL | <input type="checkbox"/> HIP HOP |
| DUET | <input type="checkbox"/> TAP | <input type="checkbox"/> BALLET | <input type="checkbox"/> JAZZ | <input type="checkbox"/> LYRICAL | <input type="checkbox"/> HIP HOP |
| TRIO | <input type="checkbox"/> TAP | <input type="checkbox"/> BALLET | <input type="checkbox"/> JAZZ | <input type="checkbox"/> LYRICAL | <input type="checkbox"/> HIP HOP |

YEARLY FEES: _____

MONTHLY FEES: _____

REGISTRATION FEES: _____