

Registration Form



TEL: 416-875-4146
www.fouetteacademy.com

Please type or print legibly. One per student.

Last Name: _____		First Name: _____	
Gender: <input type="checkbox"/> Female	<input type="checkbox"/> Male	Age: _____	DOB (DD/MM/YEAR): / /
Mailing Address: _____			
City/Town: _____	Province: _____	Postal Code: _____	
E-mail: _____			
Student's e-mail (optional) _____			
School Student Attends: _____		Grade of Student: _____	
Dance experience <input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, how many years _____	
Now Registering for: <input type="checkbox"/> Ballet	<input type="checkbox"/> Jazz/Contemporary	<input type="checkbox"/> Acro/Tumbling	
<input type="checkbox"/> Hip-Hop	<input type="checkbox"/> Creative Movement	<input type="checkbox"/> Tap	

All Studio updates and announcements will be communicated via e-mail.

Please advise us of any medical conditions or allergies:

Does the student have any physical or emotional characteristics that the teacher needs to know about?

Pre-Competitive Mini Group _____	Creative Movement Group age 2.5-4 _____
Pre-Competitive Junior Group _____	Recreational Mini Group age 5-7 _____
Pre-Competitive Interm. Group _____	Recreational Junior Group age 8-10 _____
	Recreational Interm. Group age 11-13 _____

Parents

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

METHOD OF PAYMENT

****Due upon registration: tuition & registration fee****

Tuition: (exclude. HST) _____ Term(s) = \$ _____ CD

Registration Fee : (non-refundable one for per student) _____ = \$ 25 CD

EXCLUSION OF LIABILITY

FOUETTE ACADEMY OF DANCE, THE OWNER, EMPLOYEES, OR CONTRACTORS SHALL NOT BE LIABLE FOR ANY DAMAGES OR INJURIES TO PERSONS, HOWEVER CAUSED, WHICH MIGHT BE SUSTAINED BY STUDENTS, THEIR FAMILIES, GUESTS OR OTHERS IN OUR FACILITY, OR IN ACTIVITIES WHICH MAY OCCUR DIRECTLY FROM OR INCIDENTAL TO ALL ACTIVITIES OF THIS STUDIO. THE UNDERSIGNED PARENT OR GUARDIAN AGREES TO HOLD HARMLESS AND INDEMNIFY THE FOUETTE ACADEMY OF DANCE, THE OWNER, EMPLOYEES OR CONTRACTORS, WITH RESPECT TO ANY CLAIMS OF LIABILITY, PAST, PRESENT OR FUTURE, FOR ANY DAMAGE OR INJURY, HOWEVER CAUSED.

I HAVE READ THE CONDITIONS OF THIS AGREEMENT AND UNDERSTAND AND AGREE TO THE CONDITIONS SET FORTH HEREIN.

PARENT'S SIGNATURE: _____