

# Registration Form



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

Please type or print legibly. One per student.

Last Name:		Middle Name:		First Name:		
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Age:	DOB (DD/MM/YEAR):	/ /	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	<input type="checkbox"/> Contemporary/Lyrical	<input type="checkbox"/> Acro/Tumbling		
	<input type="checkbox"/> Hip-Hop	<input type="checkbox"/> Creative Movement	<input type="checkbox"/> Pre-Acro			

**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 _____	Pre-Mini ages 2.5-4 _____
Pre-Competitive Junior Group _____	Recreational Mini Group ages 4.5-6 _____
Pre-Competitive Interm. Group _____	Recreational Junior Group ages 7-9 _____
Pre-Competitive Teens Group _____	Recreational Intermediate Group ages 10-12 _____
Pre-Competitive Senior Group _____	Recreational Teens Group ages 13-15 _____
	Recreational Senior Group age 16 + _____

**Parents Information**

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Father's Email: \_\_\_\_\_ Home tel.: \_\_\_\_\_

**METHOD OF PAYMENT**

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

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

Registration Fee : (non-refundable one for per student) \_\_\_\_\_ = \$ **25.00** CD

**Credit Card Authorization Form**

Card Type:  Master Card  VISA  Discover  AMEX  
 Other \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

## 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, UNDERSTAND AND AGREE TO THE CONDITIONS SET FORTH HEREIN.*

PARENT'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_