



PLEASE READ CAREFULLY

Student Registration Form (Please Print)

1 - Student Name		Birthdate (MM/DD/YYYY)	
2 - Student Name		Birthdate (MM/DD/YYYY)	
3 - Student Name		Birthdate (MM/DD/YYYY)	
Address			
City		Province	
Postal Code		Home Phone	
Contact Email			
Guardian Name/Relationship		Cell phone	
Guardian Name/Relationship		Cell Phone	
Emergency Contact/Relationship		Phone Number	

Allergies (please list):

- 1- _____
- 2- _____
- 3- _____

Injuries (that have required medical attention in the last 2 years):

- 1- _____
- 2- _____
- 3- _____

Any other medical conditions that need to be noted: (i.e: epilepsy, diabetes, asthma, ADHD etc.)

- 1- _____
- 2- _____
- 3- _____

By signing below you confirm that all information provided above is accurate and you have read and agree to the Haptic Dance Arts Fees & Cancellation Policies

Parent/Guardian Signature: _____ Date: _____



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Activity Waiver & Release

The Activity Waiver & Release is an agreement between two parties that releases the party providing an activity from liability claims from the individual wishing to participate in the activity. The Participant is required to give up all future claims against the other party so care should be taken to ensure that the Participant is fully aware of his or her rights and safety.

- I/we realize that participation in Dance, Acro dance and related activities, could involve risk of serious personal injury such as strains, sprains, permanent disability or death. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the participations in programs and the use of any and all spaces used by Haptic Dance Arts.
- I/we agree to release and hold harmless Haptic Dance Arts including its teachers, dancers, staff members and facilities used by Haptic Dance Arts from any cause of action, claims, or demands now and in the future.
- I/we will not hold Haptic Dance Arts liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Haptic Dance Arts.
- I understand that Haptic Dance Arts is licensed, accredited and insured. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the Artistic Director or Individual Instructor as soon as possible.
- I/we acknowledge that Haptic Dance Arts has put in place preventative measures to reduce the spread of contagions; however cannot guarantee that Activities can increase my risk of exposure and/or illness from infectious diseases and contagions

I hereby release and agree to hold Haptic Dance Arts harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the studio, or that may otherwise arise in any way in connection with any services received from Haptic Dance Arts and it's affiliated instructors.

Activity Provider
Haptic Dance Arts
Lethbridge, Alberta

Participant
Participants Names: _____
(please list all participants)

Signature of Guardian/Individual _____ Date _____



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Photo and Video Release

Haptic Dance Arts maintains a website and operates a social media platform for its programs which contain photos/videos of participants interacting in the various program activities. Haptic Dance Arts requires your consent for the photographer/videographer, directors and other media personnel to photograph and/or videotape as you/your child participate in classes. Furthermore, by signing this release you consent and authorize Haptic Dance Arts without any compensation, permission to use the digital images including video of you/your child for the purposes outlined in this release.

_____ I give consent to the photo and video disclosures as described above. (Yes/No)

Signature of Guardian/Individual _____ Date _____

*If you **DO NOT** consent to the photo and video disclosures as described above, please sign below.*

Signature of Guardian/Individual _____ Date _____

Session Fee & Cancellation Policies

1. Session class fees are required to be paid at the time of registration in order to hold your place in the class.
2. Session class fees are subject to a 25% admin fee should you withdraw with less than a 14 days prior to the session start date.
3. Session class fees are non-refundable after the session has started.
4. Differed payments and can be arranged for another session at the discretion of the Artistic Director.

Full Year Fee & Cancellation Policies

Full year program fees must have full or initial payment by September 1st or that dance year, in order to reserve your place.
Full Year program fees are subject to a 20% admin fee should you withdraw once the program has started.

Haptic Dance Arts requires one month written notice to process all withdrawals and we will not pro-rate refunds for the classes prior to this one month written notice.

PAYMENT OPTIONS FOR FULL YEAR PROGRAM
 A) Full payment - Due on or before September 1st
 B) 3 Instalments – Due on Sept. 1, Dec. 1 & Mar. 1
 C) Monthly – First & last month Due September 1st and all remaining payments due by post-dated cheque or e-transfer on the 1st of each month.