



50 Bullock Dr. Unit 6, Markham ON L3P 3P2 Tel: 905.294.2618 Fax: 905.201.8661

www.kicksdance.ca

REGISTRATION FORM

Students Name: _____

Birthdate: ____/____/____ Age: _____ Home Phone #: _____
Month Day Year

Address: _____

City: _____ Postal Code: _____

Parent/Guardian Name: _____ Business/Cell #: _____

Parent/Guardian Name: _____ Business/Cell #: _____

Email Address: _____

Medical Information (Please describe any medical conditions, allergies, asthma, injuries etc.):

Please refer to the 2009/2010 KICKS Class Schedule to complete this section:

A KICKS representative may assist you with choosing the most suitable class(es) at registration.

CLASS	DAY	TIME

All Students:

I, _____ hereby agree to indemnify and save harmless, Jo-Ann Ko and Kicks Dance Studio Ltd., and all teachers, assistants, volunteers & any other person designated or appointed by said association/person from any and all liability actions or lawsuits arising from any activity or travel relating to the program, including dance competitions in Canada and the USA attended by Kicks Dance Studio Ltd. In Consideration of accepting my registration at Kicks Dance Studio, I agree to pay all dance related fees, costume fees & competitive fees (if applicable). I further agree to pay all NSF fees and/or late fees that I may incur.

Parent/Guardian Signature: _____ Date: _____

Competitive Students:

I agree to solely represent Kicks Dance Studio Ltd. at dance competitions in the 08/09 season. In the event that I represent another dance studio in the upcoming dance season, I will forfeit my position on the Kicks competitive team and all monies paid and owing including dance fees, competition fees and costume fees will be non-refundable.

Parent/Guardian Signature: _____ Date: _____

Payment Schedule for Recreational Students:

- 1. \$25 Registration Fee New Students: Date of Registration
- 2. Session 1: Date of Registration
- 3. Session 2: Nov. 30th 2009
- 4. Session 3: March 8th 2010
- 5. Costume Fee Due Oct. 15th 2009

Payment Schedule for Competitive Students:

- 1. \$25 Registration Fee New Students: Date of Registration
- 2. Session 1: Date of Registration
- 3. Solo/Duet/Trio/Group Fee: Sept. 1st 2009
- 4. Costume Deposit: Oct. 15th 2009 (\$150.00 per costume)
- 5. Competition Fees: Nov. 15th 2009
- 6. Session 2: Nov. 30th 2009
- 7. Session 3: March 8th 2010
- 8. Costume Balance Due Feb. 2010

PAYMENT OPTION A: VISA/MASTERCARD (please circle to specify)

Cardholder's Name: _____

Visa/Mastercard #: _____

Expiry: _____/_____

1.) Session 1 and Registration Fee: I authorize KICKS DANCE STUDIO Ltd. to the payment of \$_____ to my Visa/Mastercard on _____ 2009.

2.) Session 2: I authorize KICKS DANCE STUDIO Ltd. to the payment of \$_____ to my Visa/Mastercard on November 30th 2009.

3.) Session 3: I authorize KICKS DANCE STUDIO Ltd. To the payment of \$_____ to my Visa/Mastercard on March 8th 2010.

3.) Costume Fee: I authorize KICKS DANCE STUDIO Ltd. to the payment of \$_____ to my Visa/Mastercard on October 15th 2009.

1.) Other Fee (Competitive Students) _____: I authorize KICKS DANCE STUDIO Ltd. to the payment of \$_____ to my Visa/Mastercard on _____.

2.) Other Fees (Competitive Students) _____: I authorize KICKS DANCE STUDIO Ltd. to the payment of \$_____ to my Visa/Mastercard on _____.

DATE: _____ **Card Holder Signature:** _____

PAYMENT OPTION B: CHEQUES (payable to KICKS) OFFICE USE ONLY

1. Registration Fee: _____ 2009 \$ _____
Cheque # _____

2. Session 1: _____ 2009 \$ _____
Cheque # _____

3. Session 2: Nov. 30th 2009 \$ _____
Cheque # _____

4. Session 3: March 8th 2010 \$ _____

4. Costume Fee: # _____ Oct. 15th 2009 \$ _____
_____ February 2010 \$ _____

5. Comp. Solo/Duet/Trio/Group Sept. 1st 2009 \$ _____

6. Comp. Competition Fees: Nov. 15th 2009 \$ _____
