



190 Bovaird Drive West Unit 3 (416) 627-1852 [info@leapdanceacademy.ca](mailto:info@leapdanceacademy.ca)

# Leap Dance Academy

## FALL REGISTRATION FORM

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Email:** (Please be sure to provide one, as it is how we send out all correspondence)

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Bus Tel: (     ) \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Bus Tel: (     ) \_\_\_\_\_

Please provide a credit card number for us to have on file.  
Credit cards will be charged if payment is more than 15 days late

<b>Credit Card: 4% Fee applies</b>		<b>Exp:</b>	<b>CCV:</b>	
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Health Concerns:  
\_\_\_\_\_

Previous Dance Experience:  
\_\_\_\_\_

How did you hear about Leap Dance Academy?  
\_\_\_\_\_

**Registration is complete when the following have been received upon registration**  
**1) The registration form is completed 2) Costume deposit is submitted 3) All cheques are received and dated correctly 4) The waiver is signed**

Release for all program participants. On behalf of myself, my heirs, personal representatives, or assigns, or as legal guardian of the minor registrant, I do hereby release, indemnify and save a harmless, waive and forever discharge Leap Dance Academy, it's directors, employees, volunteers from liability of any and all claims maintain in personal injury, accident or illness and property loss arising from, but not limited to, participation in activities, classes, observation and use of the facilities, premises or equipment. I also authorize Leap Dance Academy to obtain any medical care deemed necessary in the event of an injury and agree to pay for and resulting medical expenses. I (we) allow Leap Dance Academy to use photographs and video footage captured of the participating student for use in advertising and promotional materials. I agree to the payment amount outlined on the reverse of this form as given by Leap Dance Academy staff. I understand that the above mentioned participant is responsible for full payment of recitals costumes purchased by Leap Dance Academy. By signing this form I acknowledge having read, understood and agreed to this waiver, release and indemnity.

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Leap Dance Academy**  
Learn Envision Aspire Perform

<b>FOR OFFICE USE ONLY Registration Fee (Non-Refundable, Due Upon Registration)</b>				
\$22.12 + HST = \$25.00 Individual      \$35.39 + HST = \$40.00 Family				
<b>A</b>	<b>Ten Posted Chq.</b> (dated Sept. 1/19 or date of registration–June 1/20)			
<b>B</b>	<b>Three Post Dated Chqs.</b> (dated Sept. 1/19 - Dec. 1/19 – March 1/20)			
<b>CLASSES</b>	<b>LEVEL</b>	<b># OF CLASSES</b>	<b>TIME</b>	<b>PRICE/MONTH</b>
Acro				
Ballet Exam				\$
Contemporary				\$
Hip Hop				\$
Jazz				\$
Pointe				\$
Tap				\$
Stretch				\$
<b>TOTAL</b>				<b>\$</b>
<b>#</b>	<b>DATE</b>	<b>AMOUNT OF PAYMENT</b>	<b>Cheque # &amp; DATE</b>	
1	September – 1/19	\$		
2	October – 1/19	\$		
3	November – 1/19	\$		
4	December – 1/19	\$		
5	January – 1/20	\$		
6	February – 1/20	\$		
7	March – 1/20	\$		
8	April – 1/20	\$		
9	May – 1/20	\$		
10	June -1/20	\$		
<b>TERM 1 – 13 Weeks Sept 1/19</b>		<b>\$</b>		
<b>TERM 2 – 13 weeks Dec 1/19</b>		<b>\$</b>		
<b>TERM 3 -13 weeks Mar 1/20</b>		<b>\$</b>		