## **ONLINE & IN STUDIO CLASS REGISTRATION PAYMENT OPTIONS**

<b>Parent Name:</b>	
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Student Name: \_\_\_\_\_

PAYMENTS CAN BE MADE BY THE FOLLOWING			
EFT (using cheque on file)			
I Authorize Encore Dance Academy to take payments.			
Signature: Date:			

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Signature:	Date:
I Authorize Encore Dance Aca	demy to take payments.
CC#	Exp CSV
Credit Card - Visa or MC only	(3% service charge)

Signature:	Date:
I will make payments by E-Transfer	
E-Transfer - (use e-mail address) office	e@encoredanceacademy.ca

CLASS FEES	
Monday Fees	\$
Tuesday Fees	\$
Wednesday Fees	\$
Thursday Fees	\$
Friday Fees	\$
Early Reg Fee (10%)	
Sibling Discount (10%)	\$
Master Series	\$
TOTAL PAYMENT	\$
OFFICE USE ONLY	
Payments: Date / Type / Auth #	Amount

## WAIVER

I hereby waive all claims for injury or loss to person or property during participation in online classes, in studio classes, rehearsals, or any other Encore Dance Academy activities, and release, discharge and save harmless promoters, directors, principals, agents, staff members, and instructors from any liability for injury, damage or loss to property whatsoever, which may be caused by any act or omission of these. I give permission for my son/daughter's photographs/videos to be used for publicity and advertising in the studio, on the Encore Dance Academy website and in the community.

Signature: \_\_\_\_\_\_

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

NOTES: