



One Step Ahead Adult Registration Form 2010



NAME (first) _____ (last) _____

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE (residence): _____ In case of emergency during class time: _____

TELEPHONE (work): _____ Cell: _____

E Mail: _____

Please **circle** the class(es) you wish to register for

DALHOUSIE 5432 Dalhart Rd. N.W.	EDGEMONT 33 Edgevalley Circle N.W.
Tuesdays in the Sunrise Room	Thursdays in the Fireside Studio
January 5 th - March 9 th Total Body Conditioning 7:00-8:00pm	January 7th- March 18th Dancin' Divas 8:00-9:00pm February 11th is a holiday
January 5 th – March 9 th Dancin' Divas 8:00-9:00pm	

One Step Ahead Participation Waiver

All participants must submit a signed and witnessed dance waiver. This is a legal requirement of our insurance company, and as such is mandatory for all participating dancers.

TUITION: One payment required for ten week course, cost is **\$100 + gst = \$105**.

Take any two courses and the tuition is discounted 10% \$180+gst = \$189.

CONDITIONS: Any cheques returned N.S.F. or Account Closed are subject to a service charge of \$20.00. All cheques must be honoured within 10 days in CASH ONLY or student will not be permitted to continue classes.

WITHDRAWALS: It is understood and agreed that after the fourth class has passed there will be no refunds. Should you wish to withdraw before this time, the refund will be pro-rated, i.e. take 2 classes and withdraw \$80+gst refund returned.

I/We the undersigned agree to be bound by the rules contained in the One Step Ahead registration form. One Step Ahead will **NOT** be responsible for any theft, damage or injuries incurred during classes or on the location premises.

ONE STEP AHEAD RESERVES THE RIGHT TO CANCEL CLASSES OR CHANGE CLASS TIMES.

MEDICAL INFORMATION

Please list any medical conditions we should be aware of:

PARTICIPANT WAIVER

I, _____ authorise **One Step Ahead** to seek medical service in case of serious injury of illness, if my emergency contact person is unable to be reached. I further agree or accept financial responsibility in excess of benefits allowed by my health plan. I release **One Step Ahead** from any and all liability and waive as against **One Step Ahead** all recourse, loss or damage, including any consequential damage or loss, claims, causes or action of any kind whatsoever arising from his/her participation in the activity. I voluntarily accept the legal risk, thereby expressly giving up any right of action the physical risk arising from all liability whether such liability arises in contract, by statute, specifically including but not limited to the Occupiers Liability Act, **BY REASON OF NEGLIGENCE OR BY REASON OF BREACH OF DUTY RAISED BY STATUE OF IN ANY OTHER MATTER WHATSOEVER.**

I acknowledge by their very nature, that the activities engaged in can be dangerous exposing participants to risks and hazards and that I nevertheless freely and voluntarily assume all of the aforesaid risks and hazards.

* _____ *

Participant/Date
Witness Signature / Date