



Registration Form 2008-2009

DANCER'S NAME (first and last):

ADDRESS:		POSTAL CODE:	
TELEPHONE (residence):	In case of emergency during class time: <input style="width: 100%;" type="text"/>		
TELEPHONE (work):	Cell: <input style="width: 100%;" type="text"/>		
E Mail:	BIRTHDATE: Year	month:	day:
			AGE:

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

DALHOUSIE		EDGEMONT						
Dance Studio		Panorama Room		Fireside Studio				
M O N D A Y	Pre Primary 3-4yrs	3:30-4:00pm	Primary Ballet 5-6 yrs	4:00-4:45pm				
	*III/IV Ballet 8-10yrs	4:00-5:00pm	Grade II Ballet 7-8yrs	4:45-5:30pm				
	*VII Ballet 13+yrs	5:00-6:15pm	Grade III Ballet 8-9 yrs	5:30-6:15pm				
	*Senior Ballet 15+yrs	6:15-7:30pm						
	S and C 14+ yrs	7:30-8:30pm						
	Competition Slots	8:30-9:00pm						
T U E S D A Y							*VII Ballet 13+ yrs	4:00-5:15pm
			*V Ballet 11-12yrs	5:15-6:15pm	Teen Jazz&Lyrical 12-15yrs	7:15-8:30pm		
						Competition Slots:	8:30-8:45pm	
						8:45-9:00pm		
W E D N E S D A Y	Junior Hip Hop	4:00-4:45pm						
	*Inter. Hip Hop	4:45-5:45pm						
	Beg. Teen Hip Hop	5:45-6:30pm						
	*Senior Lyrical	6:30-7:45pm						
	*Senior Jazz	7:45-9:00pm						
T H U R S D A Y					Pre School Ballet 3-4 yrs	10:00-10:30am		
					Pre Primary Ballet 4-5 yrs	10:30-11:15am		
	Competition Slots	4:00-5:30pm	*Musical Thtre 8-12yr	4:00-5:00pm	*Competition Slots:	7:30-7:55pm		
	Teen Tap 12-14yrs	5:30-6:15pm	*Teen Jazz 15+ yrs	5:00-6:15pm		7:55-8:15pm		
						8:15-8:35pm		
S A T U R D A Y	*Senior Ballet 15+yrs	1:15-2:45pm						
	Competition Slots	2:45-3:30pm						
							Grade One Ballet 6-7yrs	11:45-12:30pm
							Primary Ballet 5-6yrs	12:30- 1:15pm
							Tap&Jazz Combo 5-6yrs	1:15-2:00pm
				Jazz Level Three 7-8yrs	2:00-2:45pm			
				Tap Level Three 7-8yrs	2:45-3:30pm			

******COMPETITION CLASSES:** Marked by an asterisk. Only enrol in this class if you are willing to commit to the responsibility of dance competition participation. There will be extra fees involved and extra rehearsals.

One Step Ahead Participation Waiver

All dancers 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.

REGISTRATION:

A registration fee of \$20.00 per student or \$25.00 per family, (non-refundable) is due upon registration. Cash or cheque accepted: make your cheque payable to **One Step Ahead Dance Studio**

TUITION:

Ten post-dated cheques confirm payment and registration. Cheques dated for the 1st of the month September-June. Submit at time of registration to ensure placement.

CONDITIONS:

Tuition fees DO NOT include fees for exams, competitions, dance clothing or extra classes. 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 a parent must contact the studio either in writing or by phone **ONE MONTH** in advance, prior to date of withdrawing. After notification you will be responsible for one month's payment and the remainder of the year's post-dated cheques will be returned to you.

VIDEO RECORDING AND STUDIO PHOTOGRAPHS:

In accordance with Alberta's Freedom of Privacy and Information Act, I hereby grant **One Step Ahead** permission to videotape my child at the year end recital, and participate in studio photographs which may be used for advertisement purposes.

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

Dancer's Name: _____

Dancer's Medicare Number: _____

Miscellaneous information, eg. Special diets, medication, allergies, etc. _____

As the parent or legal guardian of _____, I authorise **One Step Ahead** to seek medical service in case of serious injury or illness, if I am unable to be contacted. I further agree or accept financial responsibility in excess of benefits allowed by my health plan.

I give my voluntary consent to his/her participation in all dancing programs and activities provided by **One Step Ahead**, it's principal, employees and agents **One Step Ahead**. 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 STATUTE 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.

*	*
_____ Printed Name of Parent/Guardian	_____ Signature of Parent/Guardian

Date: _____ Witnessed By: _____