

Steps of Faith Christian Dance School

2024-2025 Registration Form

Student Name _____ Date of Birth _____

Student Email _____

Address _____

Previous dance training (# of years) _____ Type of dance training _____

Allergies and/or Medical condition(s)

Please include any dietary restrictions, medication(s), and/or other pertinent information we should be aware of:

Parent/Guardian Name _____ Relation to dancer _____

Phone # _____ Email _____

Emergency Contact _____ Relation to dancer _____

Phone # _____

Medical Consent *

I give my consent for my child/myself to receive medical treatment in the event of an emergency while attending dance.

I give SOF permission to take pictures/videos of my child/myself for marketing purposes Yes _____ No _____

If answered "No", I give permission for SOF to use footage with my child/myself as long as: (Please check all that apply)

Their/my face is covered/blurred

Their/my back is to the camera

They are/I am in the background (not featured)

I answered "Yes"

How did you find out about us?

Registered Class *

- | | |
|--|--|
| <input type="checkbox"/> Tiny Dancers (Sat 9 am) | <input type="checkbox"/> Intermediate 1 Ballet (Sat 12:45 pm) |
| <input type="checkbox"/> Ballet Introduction (Tues 5 pm) | <input type="checkbox"/> Beginner Pointe (Sat 2 pm) |
| <input type="checkbox"/> Recreational 1 Ballet (Mon 5 pm) | <input type="checkbox"/> Intermediate 2 Ballet (Fri 6:15 pm) |
| <input type="checkbox"/> Recreational 2 Ballet (Mon 6 pm) | <input type="checkbox"/> Intermediate Pointe (Fri 7:30 pm) |
| <input type="checkbox"/> Recreational 3 Ballet (Mon 7 pm) | <input type="checkbox"/> Advanced Ballet (Tues 5:45 pm) |
| <input type="checkbox"/> Recreational Intermediate Ballet (Sat 10:30 am) | <input type="checkbox"/> Advanced Pointe (Tues 7 pm) |
| <input type="checkbox"/> Recreational Advanced Ballet (Tues 8:15 pm) | <input type="checkbox"/> Intermediate Contemporary (Sat 3:30 pm) |
| <input type="checkbox"/> Homeschool (Wed 10 am) | <input type="checkbox"/> Intermediate Fiesta (Sat 11:30 am) |
| <input type="checkbox"/> Adult Ballet (Thurs 7 pm) | <input type="checkbox"/> Advanced Fiesta (Tues 7:15 pm) |
| <input type="checkbox"/> Grade 1 Ballet (Sat 9:30 am) | <input type="checkbox"/> Adult Fiesta (Thurs 8 pm) |
| <input type="checkbox"/> Grade 2 Ballet (Wed 6 pm) | <input type="checkbox"/> Intermediate Lyrical/Jazz (Fri 8:15 pm) |
| <input type="checkbox"/> Grade 3 Ballet (Fri 5 pm) | <input type="checkbox"/> Advanced Lyrical (Wed 7 pm) |
| <input type="checkbox"/> Pre-Pointe (Fri 6 pm) | |

* Classes dates and times are subject to change

Internal Office Use Only				
Assessed Class				
Payments	\$632.80 Payment in full at registration (includes 13% HST)			
	\$316.40 2 payments on or before August 31, 2024 and January 24, 2025 (includes 13% HST)			
	\$158.20 Quarterly payments on or before August 31, 2024, January 24, 2025, and April 18, 2025 (includes 13% HST)			
Amount Paid	\$ _____	\$ _____ (13% HST)	Total \$ _____	
Method of payment	Cash	Cheque	Debit	e-transfer

Please make all cheques payable to Steps of Faith Christian Dance School, e-transfers to steps_of_faith@outlook.com

To arrange payment in person, contact the school's office. All fees are due upon registration.

All fees paid to Steps of Faith Christian Dance School are non-refundable.

I am aware that there is potential risk of injury involved in training and participating in dance and/or camp. I freely and fully assume all such risks, dangers and hazards, including but not limited to personal injury or suffering through physical activity and/or use of equipment and facilities, the contraction of communicable disease(s), property damages or loss, expense(s) resulting from my or my child's participation in any or all services provided by or endorsed by the employees and/or the instructor(s) of Steps of Faith Christian Dance School and/or at SOF Dance Studio. I hereby agree to waive any and all claims and release from any and all liability that I have or may have in the future against the aforementioned, guests, and/or participants.

Signature

Print Name

Date