



Studio Address
 220 & 230, 100 Stockton Avenue
 Okotoks, Alberta, T1S 1A4

Mailing Address
 Heart To Sole Danceworks
 Box 125 Okotoks, AB, T1S 1A4

Phone: 403-995-9630

Email: hearttosoledanceworks@telus.net

Surname: _____ First Name: _____

Date of Birth: _____ (dd/mm/yyyy)

Mailing Address: _____ Postal Code: _____

Email Address: _____ Home Phone # _____

Work Phone: _____ Cell Phone # _____

Emergency Contact: _____ Phone # _____

Previous Dance experience:

Do you have any medical concerns or allergies we should be aware of? _____ Yes / No

If yes, please explain: _____

Where did you hear about Heart to Sole Danceworks? _____

Cost: 10 Week Program \$120.00 includes GST **NO Registration Fee!!**

Class(es) Registering In:

Class:	Day & Time	Session	Cost
1.	@	Fall / Winter / Spring	\$120.00
2.	@	Fall / Winter / Spring	\$120.00
3.	@	Fall / Winter / Spring	\$120.00
4.	@	Fall / Winter / Spring	\$120.00
5.	@	Fall / Winter / Spring	\$120.00
6.	@	Fall / Winter / Spring	\$120.00

Heart to Sole Danceworks Policies, Waiver and Expectations:

Payment:

1. Monthly fees can be made by post-dated cheque (made payable to Heart to Sole Danceworks) or pre-authorized credit card (visa or mastercard).
2. All other expenses can be paid by cash, cheque, debit, visa or mastercard.
3. Registration fees are due at the time of registration and are non-refundable. This is a yearly fee that runs from September 1st to June 30th.
4. All NSF cheques and returned payments will be subject to a \$25.00 administration fee.
5. A 10% Family Discount will be offered for families with more than 1 (one) child registered. The lesser of the fees will be discounted.

Cancellation and Refund Policy:

1. REFUNDS will only be granted with 20 days' notice of the class start date. Exception: medical with a doctor's note.
2. All refunds will be charged a \$25.00 administration fee.
3. Due to predetermined class sizes and for the benefit of all dancers, there will be no make-up classes for missed classes.
4. Heart To Sole Danceworks reserves the right to cancel or change class times or days if registration numbers are insufficient or instructors become unavailable. Full refunds will be given if an alternate class cannot be found.

Parent and Dancer Expectations:

1. All parents and dancers will behave in a professional, respectful and morally acceptable manner while at the studio or in attendance of any studio function.
2. Dancers are expected to arrive ready and focused for all classes. Proper dancewear and hair should be worn to all classes.
3. Please keep sick and contagious dancers at home (chronic coughing/runny nose, fever, stomach viruses or symptoms). Students not fit for class will be sent home.
4. Due to scheduling, dance instructors are unable to have parent meetings during class time. Please address any concerns with the director or office administrator or have the front desk arrange a mutually acceptable meeting time.

By signing this form I agree to all terms and conditions outlined by Heart to Sole Danceworks on this form.

Parent(s) Signature _____ Date _____

Liability and Insurance Waiver:

Heart to Sole Danceworks will not be held responsible for lost or stolen property. Please leave all valuables at home. Dance and cheerleading by their nature involve certain elements of risk which involve a potential for bodily injury. I acknowledge this risk and agree to permit my child to participate. The applicant agrees that Heart to Sole Danceworks and or proprietors will not be held responsible for any loss or accidents and agrees to release same from all claims or damages which may result of, or by any reason of, such loss or accidents. The company reserves the right to request any applicant to withdraw from the dance season prior to its termination if, in the opinion of the company or the instructors, the applicant is not acting in a reasonable manner. The company reserves the right to cancel, with proportional refund, any class or session due to circumstances that are not to the benefit of the applicants or the studio.

Parent(s) Signature _____ Date _____

Heart to Sole Danceworks Payment Form 2013-2014

For Office Use

Fall Session Fees

\$ _____

Payment Method: _____ Date: _____, 2013 Authorization # _____

I will be paying: In Full _____ cash / cheque / debit / visa / mastercard

I will be paying with: Post-dated Cheques _____ Preauthorized Credit Card _____

Winter Session Fees

\$ _____

Payment Method: _____ Date: _____, 2013 Authorization # _____

I will be paying: In Full _____ cash / cheque / debit / visa / mastercard

I will be paying with: Post-dated Cheques _____ Preauthorized Credit Card _____

Spring Session Fees

\$ _____

Payment Method: _____ Date: _____, 2014 Authorization # _____

I will be paying: In Full _____ cash / cheque / debit / visa / mastercard

I will be paying with: Post-dated Cheques _____ Preauthorized Credit Card _____

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If paying by preauthorized credit card please fill out the following:

I _____ (cardholder name) authorize Heart to Sole Danceworks to charge my VISA / Mastercard (please circle one) for my monthly dance fees in the amount of \$ _____ on each _____ day of the month for October 2013-May 2014.

Credit Card # _____ Expiration Date _____

Customer Signature: _____