

REGISTRATION FORM 2017

ACCOUNT HOLDER & CONTACT INFORMATION

PARENT OR GUARDIAN 1 (ACCOUNT HOLDER) FIRST & LAST NAME: _____

PARENT OR GUARDIAN 2 FIRST & LAST NAME: _____

STUDENT(S) LIVE WITH: BOTH PARENTS OR PARENT'S NAME: _____ SHARED CUSTODY

ACCOUNT HOLDER EMAIL (MANDATORY): _____

ADDITIONAL EMAIL (OPTIONAL): _____

(MOST SOUND IN MOTION COMMUNICATION IS DONE VIA EMAIL)

COMPLETE IF YOU ARE A NEW STUDENT OR A RETURNING STUDENT WITH CHANGES TO:

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

HOME PHONE: _____

PARENT OR GUARDIAN 1 CELL PHONE: _____ WORK PHONE: _____

PARENT OR GUARDIAN 2 CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT OR ADDITIONAL PARENTS/GUARDIANS: _____

PHONE: _____

STUDENT WAIVER

AS THE PARENT OR GUARDIAN OF _____, I AUTHORIZE THE STAFF OF SOUND IN MOTION TO SEEK MEDICAL SERVICE IN CASE OF SERIOUS INJURY OR ILLNESS IF I OR MY EMERGENCY CONTACTS ARE UNABLE TO BE CONTACTED OR IF EMERGENCY SERVICES ARE DEEMED IT AN IMMEDIATE NEED. I FURTHER AGREE TO ACCEPT ANY FINANCIAL RESPONSIBILITIES THAT RESULT, THAT ARE IN EXCESS OF THE STANDARD PROVINCIAL COVERAGE FOR ONTARIO. I GIVE MY VOLUNTARY CONSENT TO HIS/HER OR THEIR PARTICIPATION IN ALL ACTIVITIES AND PROGRAMS PROVIDED BY SOUND IN MOTION. I RELEASE SOUND IN MOTION AND ITS OWNERS, STAFF MEMBERS AND AGENTS FROM ANY AND ALL LIABILITY FOR LOSS, DAMAGE OR INJURY THAT MAY ARISE FROM HIS/HER OR THEIR PARTICIPATION IN ACTIVITIES AT OR ORGANIZED BY SOUND IN MOTION. I ACKNOWLEDGE THAT, BY THEIR VERY NATURE, THE ACTIVITIES ENGAGED UPON CAN BE DANGEROUS, EXPOSING PARTICIPANTS TO RISKS AND HAZARDS. NEVERTHELESS, I FREELY AND VOLUNTARILY ASSUME THESE RISKS AND HAZARDS. I WILL NOT HOLD SOUND IN MOTION RESPONSIBLE FOR ANY DAMAGE TO PROPERTY OR LOSS OF PROPERTY OR PERSONAL INJURY TO ME OR TO THOSE IN MY CHARGE WHILE AT OR PARTICIPATING IN ACTIVITIES WITH SOUND IN MOTION. SHOULD I OR MY CHARGE(S) CAUSE DAMAGE TO THE PROPERTY OF SOUND IN MOTION OR TO ITS PRINCIPALS, STAFF OR AGENTS AND BE FOUND RESPONSIBLE FOR SAID DAMAGE, I AGREE TO COMPENSATE SOUND IN MOTION AS AGREED UPON THROUGH VERBAL, WRITTEN OR ARBITRATED AGREEMENT. I HAVE RECEIVED A COPY AND READ THE STUDIO POLICIES AND WILL ADHERE TO THE REQUIREMENTS THEREIN. I REALIZE THAT PERFORMING ARTS EDUCATION INVOLVES IMAGINATIVE PLAY AND THAT NO OFFENSE IS INTENDED WHEN STUDENTS ARE ASSIGNED ROLES, CHARACTERS OR COSTUMES. FAMILIES WHO CANNOT ALLOW THEIR CHILD TO PLAY CERTAIN ROLES, ANIMALS OR IMAGINATION GAMES SHOULD CONSIDER PRIVATE STUDY AND NOT GROUP CLASSES.

I UNDERSTAND THAT THERE IS AN EXPECTED LEVEL OF ETIQUETTE AT SOUND IN MOTION AND THAT STUDENTS OR PARENTS WHO PHYSICALLY OR VERBALLY ABUSE OWNERS, INSTRUCTORS, STAFF OR FELLOW STUDENTS MAY RESULT IN EXPULSION FROM PROGRAMS, LESSONS AND/OR CLASSES.

I ACKNOWLEDGE THAT THERE ARE NO REFUNDS GIVEN FOR SERVICES RENDERED.

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE:** _____

STUDENT INFORMATION

STUDENT 1 FIRST & LAST NAME: _____

DATE OF BIRTH: MM / DD / YEAR GENDER: ____ SCHOOL: _____ GRADE IN SEPT. ____

ALLERGIES, HEALTH CONCERNS, DIETARY RESTRICTIONS OR LEARNING CHALLENGES:

PREVIOUS MUSIC AND/OR DANCE TRAINING (STYLE, LOCATION, GRADE OR NUMBER OF YEARS)

STUDENT 2 FIRST & LAST NAME: _____

DATE OF BIRTH: MM / DD / YEAR GENDER: ____ SCHOOL: _____ GRADE IN SEPT. ____

ALLERGIES, HEALTH CONCERNS, DIETARY RESTRICTIONS OR LEARNING CHALLENGES:

PREVIOUS MUSIC AND/OR DANCE TRAINING (STYLE, LOCATION, GRADE OR NUMBER OF YEARS)

STUDENT 3 FIRST & LAST NAME: _____

DATE OF BIRTH: MM / DD / YEAR GENDER: ____ SCHOOL: _____ GRADE IN SEPT. ____

ALLERGIES, HEALTH CONCERNS, DIETARY RESTRICTIONS OR LEARNING CHALLENGES:

PREVIOUS MUSIC AND/OR DANCE TRAINING (STYLE, LOCATION, GRADE OR NUMBER OF YEARS)

STUDENT 4 FIRST & LAST NAME: _____

DATE OF BIRTH: MM / DD / YEAR GENDER: ____ SCHOOL: _____ GRADE IN SEPT. ____

ALLERGIES, HEALTH CONCERNS, DIETARY RESTRICTIONS OR LEARNING CHALLENGES:

PREVIOUS MUSIC AND/OR DANCE TRAINING (STYLE, LOCATION, GRADE OR NUMBER OF YEARS)

TUITION TOTAL (TO BE COMPLETED BY SOUND IN MOTION)

CALCULATED TOTAL GROUP CLASS TUITION OF ALL STUDENTS	_____
DANCE DISCOUNT FOR FAMILIES WITH 3 OR MORE STUDENTS (GROUP CLASSES ONLY)	- _____
RECITAL FEE : \$100.00 SINGLE STUDENT, \$150.00 FAMILY	+ _____
COMPANY FEE / MUSICAL THEATRE INTENSIVE	+ _____
EXTRA COSTUMES \$85.00 X _____ = _____	+ _____
SUB-TOTAL	= _____
HST (NO HST ON MUSIC LESSON)	+ _____
TOTAL	= _____

PAYMENT RECEIVED AT REGISTRATION

REGISTRATION DEPOSIT \$25 PER PROGRAM **OR** FIRST INSTALMENT PAYMENT _____

REMAINING CHARGES = _____

PAYMENT OPTIONS: NOTE THAT ONLY FULL SEASON PROGRAMS (SEPT. –MAY) CAN OPT FOR INSTALMENTS OR MONTHLY. ALL OTHER PROGRAMS (SHORTER SESSIONS AND SUMMER PROGRAMS) MUST PAY IN FULL.

<input type="checkbox"/> IN FULL	<input type="checkbox"/> INSTALMENTS 2 PAYMENTS SEPT 1ST & JAN 1ST	<input type="checkbox"/> MONTHLY (ONLY AVAILABLE FOR ACCOUNTS IS OVER \$900) 9 PAYMENTS ON THE 1ST OF EACH MONTH SEPTEMBER 1ST TO MAY 1ST
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PAYMENT METHOD: PAYMENTS MUST BE SUBMITTED AT TIME OF REGISTRATION TO BE ENROLLED.

CREDIT CARD AUTHORIZATION NUMBER OF PAYMENTS: _____ AMOUNT: _____
 CREDIT CARD NUMBER: _____
 EXPIRATION DATE: _____ CSV _____

OR

POST-DATED CHEQUES NUMBER OF PAYMENTS: _____ AMOUNT: _____

FIRST PAYMENT DUE: _____

PAYMENT AGREEMENT:

I HAVE BEEN GIVEN ALL REQUIRED INFORMATION ON MANDATORY PAYMENTS TO SOUND IN MOTION AND I HAVE PROVIDED A PAYMENT METHOD. I UNDERSTAND THAT AT NO TIME WILL SOUND IN MOTION ENGAGE IN NEGOTIATION ON PAYMENT AMOUNT, TERMS OR SCHEDULE. I ALSO UNDERSTAND THAT I OR MY CHILD(REN) WILL BE REMOVED FROM CLASSES IF PAYMENTS ARE NOT RECEIVED WITHIN 60 DAYS OF TERM. I AM AWARE OF EXTRA COSTS NOT INCLUDED IN TUITION SUCH AS, BUT NOT LIMITED TO, REGISTRATION FEES, DANCE UNIFORMS, MUSIC BOOKS, MEMORIBILIA SUCH AS PHOTOS AND DVD'S, NSF FEES, CANCELLATION FEES FOR EARLY EXIT FROM PROGRAMS BEYOND LISTED DEADLINE. I KNOW THAT THERE ARE NO REFUNDS FOR SERVICES RENDERED. I UNDERSTAND THAT THERE IS NO CREDIT, NO REFUND & NO RESCHEDULE FOR ANY CLASSES MISSED BY STUDENTS, WHETHER THE CLASSES ARE PRIVATE LESSONS OR GROUP CLASSES. BY SIGNING BELOW, I AGREE TO THESE TERMS AND HAVE DISCUSSED ANY POTENTIAL ISSUES OR CONCERNS PRIOR TO REGISTERING MYSELF OR MY CHILD(REN).

PRINT NAME: _____ **SIGNATURE** _____ **DATE:** _____