

Performing Arts Summer School Registration Form

August 29 – September 2

Dancer Contact Information

Dancer's Name _____

Dancer's Email _____

Birthdate DDMMYY _____

Current Ballet Level _____

Registration Level _____

5 Day Workshop Fee _____

Full Day Drop In Fee _____

of Days _____

Days Selected _____

Parent/Guardian _____

Phone # _____

Email Address _____

Emergency Contact _____

Emergency Phone # _____

Home Dance Studio _____

City _____

How Did You Hear About This _____

Ballet Level

Register For

Grade 2-4

Level 1

Grade 5-7, Int Found & Int

Level 2

Grade 8, Adv Found & Adv 1&2

Level 3

Fees – Complete 5 Day Workshop

Level 1

\$375.00 (+GST)

Level 2

\$400.00 (+GST)

Level 3

\$425.00 (+GST)

Fees – Full Day Drop In

All Levels

\$100.00 (+GST)

Fees – Per Class Drop In

All Levels – 1 Hour

\$17.00 (+GST)

All Levels – 1.5 Hours

\$25.50 (+GST)

*Levels may be adjusted on the first day depending on registration numbers and dancers' abilities. If you are asked to move up a level, you will be required to pay the difference. A refund will be given if you are moved down a level.

Credit Card Info:

Expiry Date _____ V-Code _____

Signature _____

Judy Russell's Enchainement Dance Centre

Program/Injury/Photo Release Waiver

I, _____ understand that participation in, and the movements involved with a dance program, carries with it a risk of injury. Therefore, I hereby waive and release Enchainement Productions Inc., operating as Judy Russell's Enchainement Dance Centre (hereafter referred to as Judy Russell's Enchainement Dance Centre), from any and all liability for any injuries or illness incurred while at Judy Russell's Enchainement Dance Centre, whether dance related or not. Judy Russell and instructors will not be held liable for any medical expenses incurred while my child(ren)/myself _____ is (are) at Judy Russell's Enchainement Dance Centre.

I hereby authorize Judy Russell's Enchainement Dance Centre to act for me in any emergency requiring medical attention. In lieu of medical certificate signed by a medical physician, I have no knowledge of any physical or mental impairment that would be affected by my/ my child's participation in the dance program.

I grant to Judy Russell's Enchainement Dance Centre, its representatives and employees, the right to take photographs and videos of my child(ren)/myself in connection with my activities through the dance school. I authorize Judy Russell's Enchainement Dance Centre, its assign and transferees, to copyright, use, or publish the same in print and/or electronically.

I agree that Judy Russell's Enchainement Dance Centre may use such photographs and/or videos of me or my child(ren) with or without my name for any lawful purpose, including for example such purpose as publicity, illustration, advertising, and web content for www.judyrusselldance.com.

Parent/Guardian/Dancer Signature

Date



Judy Russell
Owner & Artistic Director

Judy Russell's Enchainement Dance Centre

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250-563-2902

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