

Registration 2018/19



FlashPointe

dance studio

Student 1: _____ age: _____

Student 2: _____ age: _____

Student 3: _____ age: _____

Student 4: _____ age: _____

Legal parent/guardian: _____

Address: _____

Telephone: _____ Email: _____

Best way to contact you: Phone Email

Please read the Terms and Policies on page 2 and sign: _____

Class information: *Please put student(s) name beside each class (classes are conditional on enrolment)*

_____ Movement (2.5-5 yrs) \$350 _____ Solo \$TBD

_____ Jazz/Hip Hop \$425 _____ Duet \$TBD

_____ Acro \$425

_____ Jazz \$425

_____ Contemporary (10+ yrs) \$425

_____ Adult Mixed \$80 (6 weeks only)

_____ Strength & Balance \$80 (6 weeks only)

_____ Ballet (will run as a workshop, dependent on numbers)

Payment can be made in 3 (three) installments: October 1, November 1, December 1

Payment Method: cash, cheque, MasterCard, Visa (in-person, by email or telephone)

**Please return this form to boxoffice@1000islandsplayhouse.com
or Thousand Islands Playhouse, 185 South Street, Gananoque ON K7L 1A1**

Terms and Policies – FlashPointe Dance @ Thousand Islands Playhouse

Withdrawals and Missed Classes

An administration fee will apply in the event of withdrawals.

In the event that the studio is closed due to inclement weather, there will be no credits or make-up classes as this possibility is already taken into account when assessing fees.

Release of Liability

As the legal parent or guardian, I release and hold harmless the Thousand Islands Playhouse or its employees from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of the Thousand Islands Playhouse, its employees or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to the Thousand Islands Playhouse or its employees to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

I have read and agree with the above terms and policies

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