

# GRDA Registration Form

Complete \_\_\_\_\_ Incomplete \_\_\_\_\_ Outstanding \$ \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: (d/m/y) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town Postal Code

Parents Names: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Card # \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Health Conditions: (Drugs/Allergies – Please specify): \_\_\_\_\_

I hereby give permission to hospital staff to administer all reasonable and necessary care in case of injury or illness while in the care of the Grand River Dance Academy.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Classes Registered:

1. Type \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ \$ \_\_\_\_\_
2. Type \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ \$ \_\_\_\_\_
3. Type \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ \$ \_\_\_\_\_
4. Type \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ \$ \_\_\_\_\_
5. Type \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ \$ \_\_\_\_\_

TAXES \$ \_\_\_\_\_

## Method of Payment: (please check off instalment dates)

**TOTAL \$** \_\_\_\_\_

1. Full Year \$ \_\_\_\_\_ Chq# \_\_\_\_\_
2. # \_\_\_\_\_ Instalments of \$ \_\_\_\_\_

Jun \_\_\_  Jul 1  Aug 1  Sep 1  Oct 1  Nov 1  RD Nov 15 \$ \_\_\_\_\_

Dec 1  Jan 1  Feb 1  RD Feb 15 \$ \_\_\_\_\_  Mar 1  Apr 1  May 1  Jun 1

**Recital Deposit:**  \$79.10 X \_\_\_\_\_ class(es) registered = \$ \_\_\_\_\_

## ALL RECITAL DEPOSITS ARE NON-REFUNDABLE AFTER NOVEMBER 15, 20\_\_.

(If the costume is greater than the deposit, the amount owing will be payable when costumes are handed out)

\* If paying with post-dated cheques, **all** cheques must be presented with the registration form in order to reserve a placement for fall classes.

## Release Agreement:

1. In part consideration of permitting my child to participate in the activities at the Grand River Dance Academy, I agree to insure my child against any injury or loss resulting from activities or from traveling to and from activities. I agree to indemnify Grand River Dance Academy; it's employees, agents or volunteers from all losses, damages, claims and demands occasioned thereby. I authorize G.R.D.A. and it's employees, agents, and volunteers to provide all medical care, which they deem necessary for my child in the event of injury.
2. I agree that should my child withdraw before November 15 20\_\_ that only the classes taken shall be paid for services rendered. After this date, however, I understand that should my child withdraw from classes that I am responsible for the full year's tuition and recital deposit.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_