

Rhythm & Grace Productions Inc.

SODANCE Vernon - #103B – 1340 Kal Lake Road, Vernon BC

Name of Parent/Guardian: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone: (Home) _____ Email: _____

Name of Student: _____ Birthdate: _____

MEDICAL CONDITIONS

Please indicate any conditions that we should know about – (Allergies/Medications, etc)

EMERGENCY CONTACT

In the event of an emergency, we would always try to contact you first at the above numbers. In case we couldn't reach you, please leave an alternate emergency contact person:

Name: _____ Phone: _____

PREVIOUS EXPERIENCE

Style of Dance: _____

Number of years:	Highest level	Name of Previous
_____	reached: _____	Studio: _____

Rhythm & Grace Productions Inc.

Release of Liability & Notice of Confidentiality

READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

I, THE UNDERSIGNED STUDENT/PARENT/GUARDIAN, HEREBY AGREE THAT RHYTHM & GRACE PRODUCTIONS, including SODANCE Vernon, previously known as Shuswap Okanagan Dance Academy, (Olivia Robertson), and any staff members/contract workers/guest instructors, not be liable for any injuries to persons, or personal losses however, wherever and of any severity, caused in our facility. I acknowledge the fact that certain types of injuries are common and inherent in dance-related activities. This release includes but is not limited to that type of injury. This includes any emotional, humiliation, or slanderous claims. The undersigned represents that the student is healthy and has no physical or mental condition that would impair the student's ability to fully and safely participate in the contemplated activity. In order to participate in activities with Rhythm & Grace Productions Inc, the student and family hereby waive all claims (past, present, or future), release and discharge, covenant not to sue, and agree to indemnify and hold harmless Rhythm & Grace Productions Inc. (as well as its employees) from any and all liability, loss, cost, expense, claims, demands, actions, judgments and executions which the undersigned has ever had, now has, or which the undersigned may have in the future, for personal injuries, known or unknown, and damage to property (real or personal) in any way caused by, related to, or arising out of, directly or indirectly, the activity for which student is registered or in which the student is permitted to engage. I understand that any information between Rhythm & Grace Productions Inc. and myself may at times contain confidential and/or privileged material. Any review, re-transmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. I have also read the studio policies and agree to them in full including my **OBLIGATIONS FOR PAYMENT OF LESSONS FOR THE FULL SEASON. I GIVE MY PERMISSION TO THE RHYTHM & GRACE PRODUCTIONS INC. TO USE ANY PHOTOGRAPHS AND/OR VIDEOS AS WELL AS THE PRINTING OF NAMES FOR ADVERTISING, PROMOTIONAL AND PUBLICITY PURPOSES. THE UNDERSIGNED AGREES TO THE CONDITIONS SET FORTH WHICH I HAVE READ AND UNDERSTAND AND ARE ENFORCEABLE FROM THIS DATE FORWARD.**

Name of Student(s): _____

Name of Parent (if student under 19 years): _____

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____

Payment Policy

Registration Fee:

All students must be "registered" students in order to take part in any class whatsoever. Registration fees are non-refundable and non-transferrable at any time.

Tuition:

Tuition fees must be paid in advance prior to taking part in classes. Tuition fees cover the cost of the entire program for the current season. Extra activities (solos, duets, trios, competitions, etc.) are not included in your tuition.

Methods of Payment (please check your option)

Post Dated Cheques

1. 9 Post-Dated cheques for September 1st – May 1st, of the current season, due at the start of first class

E-Transfers

1. 9 Etransfers for Sept 1st – May 1st of the current season (must be received by the 1st of the Month)

Credit Card

1. 9 Credit Card payments for September 1st – May 1st of the current season

Credit Card Info:

Name: _____ Number: _____

Expiry: _____ CVV: _____

Initial payment/deposit is due at time of registration. Initial payment/deposit is non-refundable _____ initial

I understand that any fees paid by credit card will have an additional processing charge of 3% _____ initial

Additional Costs:

Proper studio dance wear, approved dance shoes & costumes for performance will apply to all and are NOT part of your tuition costs.

Other additional items such as competition entry fees, competition choreography fees (solos, duets, trios, quartets, etc.) will apply to those who are invited to take part and are also NOT included with your tuition. Students who choose to take part will be charged the additional fees for such items.

Refunds:

Registration fee (\$30/dancer or \$50/family) – Non-refundable at any time _____ initial

Costume Deposits (\$50-\$65/class): Non-refundable after October 1st of the current season. _____ initial

Recital fees (varies on number of classes): Non-refundable after November 1st of the current season. _____ initial

Tuition:

Your initial payment and/or deposit is non-refundable _____ initial

Monthly payments can be refunded providing we receive notification for withdrawal at least 30 days prior to your next post-dated payment. _____ initial

If we do not receive such notification then your payment for that month will automatically be deposited and there will be no refund issued for that month. _____ initial

Students absent from class do not constitute our acknowledgement of a withdrawal. _____ initial

There are no refunds after Feb 1st of the current season altogether. _____ initial

Any fees more than 3 weeks overdue from time of invoice are subject to 5% interest per additional week they are overdue _____ initial

All outstanding fees must be paid in full prior to participation in the year end recital _____ initial

I have read and understand the payment policy and agree to abide by its guidelines and am fully aware of my payment obligations. I acknowledge that Directors or Staff from Rhythm & Grace Productions Inc were available to answer my questions about this payment policy prior to my signing.

Signature: _____ Date: _____