

## 2024-2025 REGISTRATION FORM

Name of Student: \_\_\_\_\_  
(family name) (given name) (preferred name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ by December Male ( ) Female ( )  
(day) (month) (year)

Student Email: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

\*Student subscription to our mailing list for class announcements [ ] Yes [ ] No

Does your child have a sibling at Dancepirations: [ ] Yes [ ] No If yes, provide their name(s): \_\_\_\_\_

Date of Application: \_\_\_\_\_ Health Card # (incl. letters and expiry): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Parent's Marital Status: Married ( ) Divorced ( ) Separated ( ) Single ( ) Other ( )

Mother/Guardian Full Name: \_\_\_\_\_

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

Father /Guardian Full Name: \_\_\_\_\_

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

Preferred email for Communication: [ ] Mother's [ ] Father's [ ] Both

Name of persons other than parents to whom child may be released to or contacted in case of an emergency:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

New Student- Previous Dance Experience: \_\_\_\_\_

Please indicate how you learned about Dancepirations: \_\_\_\_\_

Is your child allergic to: Medications [ ] Food [ ] Other [ ] Does your child have an epi-pen? Yes [ ] No [ ]

Please specify: \_\_\_\_\_

Does your child take medication regularly? Yes [ ] No [ ] If yes, please give details \_\_\_\_\_

### Check Selection

- Exclusive Deal #1: \$537.33+HST/per 3 terms (4 Classes – Additional Classes @ \$430.00 + HST)
- Exclusive Deal #2: \$725.00+HST/per 3 terms (5 Classes + 6th one FREE)
- Exclusive Deal #3: \$1075.00 +HST/per 3 terms (Unlimited Classes!!!)
- Individual Classes: \$168.00 +HST/per 3 terms (2 classes – 5% off , 3 classes – 10% off , 4+ classes - 15% off)

Additional competition fees for part/full-time, solos, duets, trios and small groups will apply

By signing this form I understand, take responsibility for all risks and give permission for me/my child to participate in Dancepirations Academy Inc. programs without restriction and would like to receive emails. I have read and agree to all the Terms and Conditions as set out by Dancepirations Academy Inc. **I have also signed the Waiver and Liability Release Form. There will be a \$25 administration fee charged for NSF cheques or late payments. If for whatever reason the studio is forced to close due to government regulations, online classes will resume. After 30 days if a dancer no longer wishes to participate, a refund or credit can be issued accordingly.**

Full Name of Applicant: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2024-2025 WEEKLY SCHEDULE

Name of Student: \_\_\_\_\_

(family name)

(given name)

(preferred name)

Legend: PT = Part Time Competitive

| Monday         | Classes  | Ages  | Teachers                           | Select Classes |
|----------------|--|-------|------------------------------------|----------------|
| 4:15-5:00 pm   | Jazz   | 5-8   | Maddie                             |                |
| 5:00-5:45      | Acro   | 5-8   | Maddie                             |                |
| 5:45-6:30      | Majority Boys Hip-Hop                                | 6-10  | Maddie                             |                |
| 6:30-7:15      | Acro   | 11-14 | Maddie                             |                |
| 7:15-8:00      | Hip-Hop <i>*option to compete</i>                    | 11-14 | Maddie                             |                |
| 8:00-8:45      | Musical Theatre <i>*option to compete</i>            | 11-14 | Maddie                             |                |
| 8:45-9:30      | Lyrical/Contemporary                                 | 11-14 | Maddie                             |                |
| Tuesday        | Classes  | Ages  | Teachers                           | Select Classes |
| 4:15-5:00 pm   | Junior PT Competitive Jazz                           | 11-13 | Krystal                            |                |
| 5:00-5:45      | Contortion/Variations                                | 10+   | Krystal                            |                |
| 5:45-6:45      | Junior/Teen PT Competitive Acro                      | 11-14 | Krystal                            |                |
| 6:45-7:45      | Teen Ballet + Pointe                                 | 12-14 | Ms. Thomas                         |                |
| 7:45-8:45      | Senior Ballet + Pointe                               | 15+   | Ms. Thomas                         |                |
| 8:45-9:30      | Teen/Senior FT Competitive Acro                      | 14+   | Krystal                            |                |
| Wednesday      | Classes  | Ages  | Teachers                           | Select Classes |
| 4:15-5:00pm    | Tap  | 5-8   | Kyra                               |                |
| 5:00-5:45      | Petite Ballet  | 5-8   | Ms. Thomas & Jackie                |                |
| 5:45-6:30      | Tumbling   | 7-11  | Jackie                             |                |
| 6:30-7:15      | Mini Ballet  | 8-10  | Ms. Thomas                         |                |
| 7:15-8:00      | Mini/Junior PT Competitive Lyrical                   | 8-12  | Ms. Thomas+Jasmine/Kate            |                |
| 8:00-8:50      | Junior Ballet  | 10-12 | Ms. Thomas                         |                |
| Thursday       | Classes  | Ages  | Teachers                           | Select Classes |
| 4:10-4:45pm    | Twinkle Toes Ballet                                  | 2.5-4 | Maddie                             |                |
| 4:45-5:30      | Teen PT Competitive Tap                              | 13+   | Maddie                             |                |
| 5:30-6:15      | Tumbling   | 11+   | Maddie                             |                |
| 6:15-7:00      | Mini/Junior/Teen/Senior PT Comp Musical Theatre Line | 7+    | Adam                               |                |
| 7:00-7:45      | Teen/Senior PT Competitive Lyrical                   | 13+   | Adam                               |                |
| 7:45-8:30      | Teen PT Competitive Jazz                             | 13+   | Adam                               |                |
| 8:30-9:15      | Teen PT Competitive Hip-Hop                          | 13+   | Adam                               |                |
| Friday         | Classes  | Ages  | Teachers                           | Select Classes |
| 4:15-5:00      | Acro   | 7-10  | Jackie                             |                |
| 5:00-6:00      | Teen Comp Select Team (Technique)                    | 12+   | Variety of Teachers (Jackie main)  |                |
| 6:00-6:45      | Teen Comp Select Team (Choreo)                       | 12+   | Variety of Teachers (Jackie main)  |                |
| Saturday       | Classes  | Ages  | Teachers                           | Select Classes |
| 9:30-10:15 am  | Mini Dance   | 2-4   | Krystal + Kyra                     |                |
| 10:15-11:00 am | Intro to Competitive                                 | 4-6   | Krystal + Kyra & Zenny             |                |
| 11:00-11:45 am | Acro (Recreational & Petete PT Comp)                 | 4-7   | Zenny + Kate                       |                |
| 11:45-12:30 pm | Mini PT Competitive Acro                             | 7-10  | Krystal, Zenny                     |                |
| 12:30-1:15 pm  | Mini PT Competitive Jazz                             | 7-10  | Angelyssa                          |                |
| 1:15-2:00 pm   | Mini PT Competitive Hip-Hop                          | 7-10  | Angelyssa                          |                |
| 2:00-2:45 pm   | Musical Theatre <i>*option to compete</i>            | 7-10  | Angelyssa                          |                |
| 2:45-3:30pm    | Contemporary   | 8-12  | Angelyssa                          |                |
| 3:30-4:00pm    | Tap  | 7-10  | Angelyssa                          |                |
| Sunday         | Classes  | Ages  | Teachers                           | Select Classes |
| 9:45-10:45am   | Mini/Junior Comp Select Team (Technique)             | 8-11  | Variety of Teachers (Alessia main) |                |
| 10:45-11:30am  | Mini/Junior Comp Select Team (Choreo)                | 8-11  | Variety of Teachers (Alessia main) |                |
| 11:30-12:15    | Contortion/Tumbling                                  | 7-10  | Maya K                             |                |
| 12:15-1:00     | Jazz Hip-Hop Combo                                   | 7-10  | Maya K                             |                |
|                |  |       | <b>Total Classes =</b>             |                |

\* Please let us know if there is not an age group for your dancer and we will put them in a class for their ability \* Classes can be added or changed until September 1st 2024 based on registration

\*Classes will begin on Monday, September 9th, 2024 and end on Thursday May 29th, 2025 \*Call-In's/Private's will be on the weekends when there is no regular classes



## 2024-2025 Payment Authorization Form/Options and Terms

Name of Student: \_\_\_\_\_

(family name)

(given name)

(preferred name)

Billing Contact: Parent/Guardian: \_\_\_\_\_

(family name)

(given name)

(preferred name)

Email: \_\_\_\_\_ Contact #: \_\_\_\_\_

I understand there will be a \$25 administration fee charged for any NSF cheques or late payments. **Billing Contact Signature:** \_\_\_\_\_

**Additional Fees apply for all Part/Full Time Competitive and Recreational Dancers. Please refer to the fee chart and Calendar for dates and fees.**

### Option 1: Authorized Credit Card Credit (5 % service charge will apply)

Choose One: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CSV: \_\_\_\_\_  
M Y (3 Digit Security Code)

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*I hereby confirm that I am the authorized user of the above noted credit card. I hereby authorize Dancepirations Academy Inc. to charge payments to the above noted credit card for class fees as chosen below:*

#### a) Monthly Payment Option:

May 2024 (due at time of registration) \$ \_\_\_\_\_ September 2024- April 2025 (8 monthly payments) \$ \_\_\_\_\_ Card Holder Initials: \_\_\_\_\_

#### b) Term Installments:

1<sup>st</sup> Term Installment Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ Card Holder Initials: \_\_\_\_\_  
(Due at time of registration) (day) (month) (year)

2<sup>nd</sup> Term Installment December 01<sup>st</sup>, 2024 \$ \_\_\_\_\_ Card Holder Initials: \_\_\_\_\_

3<sup>rd</sup> Term Installment March 01<sup>st</sup>, 2025 \$ \_\_\_\_\_ Card Holder Initials: \_\_\_\_\_

c) One Full Payment: \$ \_\_\_\_\_

Authorized Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Option 2: Cheques (First payment due at time of registration along with post dated cheques)

#### a) Three Term Installments

1<sup>st</sup> Term Installment Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_  
(Due at time of registration) (day) (month) (year)

2<sup>nd</sup> Term Installment December 01<sup>st</sup>, 2024 \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_

3<sup>rd</sup> Term Installment March 01<sup>st</sup>, 2025 \$ \_\_\_\_\_ Card Holder Initials: \_\_\_\_\_

#### b) Monthly Installments (May 2023 due at time of registration along with post dated cheques from September 2022-April 2022)

First Payment (pre-paid May 2023) Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_  
(day) (month) (year)

September 1<sup>st</sup>, 2024 \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_

October 1<sup>st</sup>, 2024 \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_

November 1<sup>st</sup>, 2024 \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_

December 1<sup>st</sup>, 2024 \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_

January 1<sup>st</sup>, 2025 \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_

February 1<sup>st</sup>, 2025 \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_

March 1<sup>st</sup>, 2025 \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_

April 1<sup>st</sup>, 2025 \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_

c) One Full Payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cheque #: \_\_\_\_\_ Branch: \_\_\_\_\_

### Option 3: e-Transfer

I hereby confirm that I will be making payments using e-Transfer. I understand it will be my responsibility to ensure payments are being made on time and that Dancepirations will contact me in June 2025 to pay any outstanding fees.

Billing Contact Full Name: \_\_\_\_\_ Billing Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(day) (month) (year)

## WAIVER SCHEDULE AND RELEASE OF LIABILITY 2024-2025

In consideration of being allowed to participate in any way in the Dancepirations Academy Inc., dance/fitness program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Krystal Eisa and Panayiota Papaioannou o/a Dancepirations Academy Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I have read the Dancepirations Academy Inc. Covid 19/Outbreak Operational Guidelines and adhere to following all the health and safety protocols.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Participants First and Last Name

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

\_\_\_\_\_  
Emergency Contact First and Last Name

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

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

\_\_\_\_\_  
Witness' First and Last Name

\_\_\_\_\_  
Witness' Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

