



## PDDS Studio Family Contract/Registration Record

Box 1666 New Liskeard, Ont. Fax: 855-294-3941

Dancers Name: 1 \_\_\_\_\_

Dancers Name: 2. \_\_\_\_\_

Age(s):1. \_\_\_\_\_ DOB: \_\_\_\_\_ 2. \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mailing Address of Dancer: \_\_\_\_\_

Main Contact Phone Number for Dancer: \_\_\_\_\_

Main Email for Dancer: \_\_\_\_\_

\*Note: all communications between studio and student will be done by email

Other Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

*Please fill in the attached health alert form if needed and submit with registration form*

**\*\*\*Please Check Which Class(es) You Wish To Register For\*\*\***

- |   |   |                               |                               |                                 |
|---|---|-------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> TINY TOTS (Age 3-4)            | <input type="checkbox"/> PRE-DANCE (Age 4-5)      | <input type="checkbox"/> TAP  | <input type="checkbox"/> JAZZ | <input type="checkbox"/> BALLET |
| <input type="checkbox"/> HIP HOP/BALLET COMBO (Age 5-7) | <input type="checkbox"/> TAP/JAZZ COMBO (Age 5-7) |                               |                               |                                 |
| <input type="checkbox"/> ACRO/BALLET COMBO (Age 5-7)    | <input type="checkbox"/> POINTE Ballet (Age 11 ^) | <input type="checkbox"/> ACRO |                               |                                 |
| <input type="checkbox"/> HIP HOP                        | <input type="checkbox"/> Competitive Team         |                               |                               |                                 |

**CONTRACT** (please check box to agree)

I agree that I have read and understand all the **rules and regulations** regarding my child's dance class found on our website. I agree that I have read and understand the **tuition and costume policies**. The person who signs the studio contract is responsible for the account and having tuition paid on time. I hereby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions requiring medication are outlined on the medical alert form. **I release The Paula Davey Dance School and its teachers from liability in case of accident or injury.** I understand that all classes will be conducted in the safest possible manner.

I agree that if the government mandates a studio closure, my policy will be to move forward with Band or Zoom classes. Classes will run as regularly scheduled therefore enforcing Band/Zoom as a norm, not as an option.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: [pauladaveydance@gmail.com](mailto:pauladaveydance@gmail.com)

[www.pauladaveydance.com](http://www.pauladaveydance.com)

**OFFICE USE ONLY**

Child One: \_\_\_\_\_ Child Two: \_\_\_\_\_

Day	Time	Class	Day	Time	Class

<b>Total Amount:</b>			
Date	Amount Paid	Method	Balance

PAYMENT SCHEDULE – (Please check box to agree) ensure you have read our tuition policy information from our website

Program Cancellation Policy – If I wish to cancel my registration after the 2<sup>nd</sup> week of dance, I understand there are no refunds and that I am responsible for full payment.

**Payment due date: September 1 - October 1 - November 1 - December 1**

E Transfer (pauladaveydance@gmail.com)       Cash       Credit       Debit

I give PDDS permission to take payments on my credit card on the payment due date

Full Payment     2 Installments     4 Installments     8 Installments (*competitive students only*)

Credit Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Code # \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Email: [pauladaveydance@gmail.com](mailto:pauladaveydance@gmail.com)

[www.pauladaveydance.com](http://www.pauladaveydance.com)



## **PDDS HEALTH ALERT FORM**

Fill out and submit only if applicable  
**Medical Alerts must be worn at all times**

Dancer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

### **Other Emergency Contacts**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Details of Medical Condition:**

Medication/prescription: \_\_\_\_\_

Reason: \_\_\_\_\_

Past injury (ex: back, knee): \_\_\_\_\_

Recent injury (ex: back, knee): \_\_\_\_\_

Diabetes: \_\_\_\_\_ Allergies: \_\_\_\_\_

Chiropractor Name: \_\_\_\_\_

Treatments: \_\_\_\_\_

Massage Therapist Name: \_\_\_\_\_

Treatments: \_\_\_\_\_

Physio Therapist Name: \_\_\_\_\_

Treatments: \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_