



STUDENT REGISTRATION FORM
SUMMER 2011

OFFICE USE ONLY:
LEVEL: _____
INITIAL: _____

PLEASE COMPLETE ALL PAGES OF THIS FORM

Please print clearly

Name of Student _____
First Last Middle I.

Home Phone (_____) _____ Date of Birth ____/____/____
M D Y

Gender F ____ M ____ Age of Student _____ (as of June 1st)

Student's Current Level or Exams Passed _____

Personal Email Address _____

Family Email Address _____

For students 19 years of age or over (please circle):

ID No. (Student ID/Driver's License/Valid Passport/other) _____

For all students:

Home Address _____

City _____ Province _____

Postal Code _____ Student's Mobile _____

Father's Name _____ Occupation _____

Father's Work Phone (_____) _____ Father's Mobile _____

Father's Address if not the same as above:

Street City Province Postal Code

Mother's Name _____ Occupation _____

Mother's Work Phone (_____) _____ Mother's Mobile _____

Mother's Address if not the same as above:

Street City Province Postal Code

Please list which program you are enrolling in:

Term Commencement Dates: Summer Dance Intensive – July 5 – 30, 2011
Performance Workshop – August 3 – 13, 2011

Payment Due Dates: June 19th 2011 (for both programs)

Please complete and submit this registration form along with the *appropriate deposit amount* for your specific level. For new students, there is also a \$30 registration fee. More information on international students fees can be found through the Goh Ballet administrative office.

Goh Ballet Academy
2345 Main Street
Vancouver, BC
V5T 3C9

Web: www.gohballet.com
E-Mail: admin@gohballet.com
Tel: 604 872 4014
Fax: 604 872 4011

STUDENT REGISTRATION FORM

STUDENT NAME: _____ DATE _____

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carries a risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Goh Ballet Academy shall not be liable in any way for injuries sustained during attendance, dance class or any related functions. I understand that good dance training involves touching and adjustment of the student's body by the instructor. I further acknowledge that neither Goh Ballet Academy nor its instructors are responsible for any loss of or damage to the student's personal property.

X _____ (initial)

Publicity Release

I hereby authorize Goh Ballet Academy to record the student's picture and voice on photographs, films and tapes, to edit these recordings at its discretion, and to incorporate these recordings into media, movie and sound recordings on tape, radio or television broadcast programs and or print media. I also give my permission for the Goh Ballet Academy to use and license others to use these materials for publicity advertising, media and sales promotion, and to use the student's name, likeness, voice, and biographic or other information in connection with them. I acknowledge that no promises of compensation are made by Goh Ballet Academy for such use.

X _____ (initial)

Discount Plan

The 2nd and subsequent family member will receive a 10% discount off on the 2nd set of tuitions. This discount will only apply if you notify the administrative office of this situation.

Medical Release

In the event that I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of Goh Ballet Academy to authorize any emergency medical care that may be required by the above noted student during participation in classes, performances, or any related Goh Ballet Academy events. This authorization extends throughout the current academic year. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Emergency Contact other than parent/guardian listed on the front of this form

Name _____ Telephone _____

Relationship to Student _____

Doctor/Physician _____ Physician's phone _____

BC Medical Number _____

Please list any special medical conditions (past or present) of which Goh Ballet Academy should be aware of _____

Cancellation Policy

Students who wish to discontinue lessons prior to the end of the summer semester must notify the Director and the administrative office in person prior to the last day of summer school auditions. Partial term refunds will only be given for medical reasons. If a student withdraws after the commencement of a program for medical reasons, a medical certificate is required for the Administrative office to consider a refund. No refunds or credits will be given for missed classes except in special circumstances. The student must notify the office if she/he is unable to attend class.

Tuition Payment Agreement

I agree to pay Goh Ballet Academy for the dance instruction of the above student per the published tuition rates, extra classes fees (if applicable), performance fees, costume fees & competition fees (if applicable) for the student's period of study. I understand that I can either set forward a cheque or pay by Visa or MasterCard (which will incur an additional rate of 2.5% on the amount to be paid) for the entire summer semester tuition. I understand that registration fees, deposits and tuition fees are non-refundable and non-transferable. An administration fee of \$35.00 will be applied to NSF cheques and invalid, expired and declined Visa or Master Card. Cheques and Credit Card payment will automatically be processed on the specified payment due dates.

Payment Method: Cheque _____, Visa _____, MC _____

I wish for all additional payments such as costumes, dance supplies and additional coaching fees) to be put on my Visa/MC _____ (initial) Visa/MC#: _____ Expiry Date: _____
Name: _____ Signature (permission to charge payment): _____

I have read, understand and agree to the Tuition Payment Agreement, Liability Release, Publicity Release, Discount Plan, Medical Release and Cancellation Policy. The undersigned also understands and agrees that the Academy reserves the right to void this membership for conducts that contravene the objectives, rules, regulations and policies of the Academy.

Parent / Guardian /Student _____ Date _____
Print Name

Parent / Guardian /Student _____ Date _____
Signature