

Westcoast Academy of Performing Arts

Studio Location: Braefoot Activity Centre 1359 McKenzie Ave. Victoria, BC
250-415-1477 www.westcoastballet.ca

Registration Form 2011-2012

Students Full Name _____
 Birth Date dd ____ mm ____ yy ____ Age as of January 1, 2012 ____
 Mailing Address _____ city _____
 Postal Code _____ Telephone# _____ E-Mail Address _____
 Mother's Name _____ (H) _____ (W) _____ (C) _____
 Father's Name _____ (H) _____ (W) _____ (C) _____
 Guardian's Name _____ (H) _____ (W) _____ (C) _____
 Emergency Contact _____ (H) _____ (W) _____ (C) _____
 Physician _____ Physician's Telephone # _____
 Medical Conditions (allergies, medication, etc.) _____

Dance Classes Registering for:

Class Name	Day and Time	Hour/s
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
Total Hours		_____

Total Monthly Fee (10 post-dated cheques for the 1st Sept.-June) _____
HST 12% = _____
Costume Deposit Total - # of Classes ____ X \$40.00 Deposit = _____
Registration Fee (non-refundable) \$20.00 per student or \$25.00 per family _____

Waiver - The undersigned certifies that he/she is the parent and/or legal guardian of the above minor child. I give permission for the above named student to participate in the program(s) offered by Westcoast Academy of Performing Arts. I hold harmless the owners and faculty of Westcoast Academy of Performing Arts from all injuries or loss of personal property that may arise from participation at the studio, in rehearsal, in competition, or performance or any travel. I further authorise any representative of Westcoast Academy of Performing Arts to obtain any medical treatment that may be deemed necessary. I have read, understand and agreed to the payment and withdrawal policies of Westcoast Academy of Performing Arts. I further give permission for any photos/videos taken during this program to be used in promotion of this or other programs of this organisation.

 Signature of Parent/Guardian of minor child _____
 Date

For Office Use Only

Student's Name: _____

Monthly Total _____ + HST 12 % = _____

Registration _____ Cheque # _____

September _____ Cheque # _____

October _____ Cheque # _____

November _____ Cheque # _____

December _____ Cheque # _____

January _____ Cheque # _____

February _____ Cheque # _____

March _____ Cheque # _____

April _____ Cheque # _____

May _____ Cheque # _____

June _____ Cheque # _____

Other payments made towards classes

Costume Totals:

Costume deposit paid \$ _____ Cheque # _____

Class _____ Price _____

Exams:

Class _____ Price _____ Cheque # _____

Total Owing for all Fees as of:

December 1, 2011 _____ March 1, 2012 _____ June 1, 2012 _____