



REGISTRATION FORM - 2023/2024

864 DRURY LANE, BURLINGTON, ON / 416-737-8465 / arcadedancearts@gmail.com

Dancer #1	Last Name	First Name	D.O.B - (MM-DD-YYYY)	Age as of Sept 1st
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Dancer #2	Last Name	First Name	D.O.B - (MM-DD-YYYY)	Age as of Sept 1st
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Address	Unit #	City	Postal Code
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Parent / Guardian #1:		Parent / Guardian #2:
	Home Phone	
	Mobile Phone	
	Work Phone	
	Email	

If parents / guardians are not able to be reached please contact:

Emergency Contact Name(s)	Phone Number 1	Phone Number 2
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Please advise if any of the registrants have any known allergies, medical issues, previous or reoccurring injuries, additional learning needs or custody specifications that the studio should be aware of:

In the event of an emergency do the representatives of the studio have parent / guardian consent to contact paramedics? YES NO

Parent / Guardian Name (Please Print)	Parent / Guardian Signature	Date
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How did you hear about the studio?

Return Student [] Printed Ad [] Flyer [] Web search [] Walk/Drive By [] Referral by: _____

Other (Please specify): _____

General Waiver: I, the parent/guardian completing this registration, give my child/dependent/self permission to participate in dance programs held by Arcade Dance Arts. I acknowledge that there is a risk of injury in dance, and hereby release Kristen Klopko, Arcade Dance Arts and all instructors, assistants and other persons associated with Arcade Dance Arts from all liable actions that may occur from any activity or travels that Arcade Dance Arts is involved with for the 2023-2024 season. I hereby release and agree to hold Arcade Dance Arts harmless from, and waive on behalf of myself, my dependents, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the studio, or that may otherwise arise in any way in connection with any services received from Arcade Dance Arts. I understand that this release discharges Arcade Dance Arts from any liability or claim that I, my dependents, or any personal representatives may have against the studio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Arcade Dance Arts. This liability waiver and release extends to the studio together with all owners, partners, and employees.

I, the parent/guardian completing this registration, have read and agree to the 2023/2024 "Terms and Conditions of Service Agreement" provided by Arcade Dance Arts and I agree, on behalf of myself and the person(s) hereby registered, to abide by any and all of the policies established by Arcade Dance Arts, including the current code of conduct, class dress code and any emergency policies such as those pertaining to Covid-19. I furthermore acknowledge that the studio is not responsible for lost or stolen items/personal belongings not owned by Arcade Dance Arts and that all fees paid can be deemed non-refundable after deposit.

Photography/Videography Waiver: I am aware that while participating in services provided by Arcade Dance Arts, myself or my dependents may be photographed or filmed. I consent to the use of any photos or videos and name of the above student(s) in print or digital form for educational or promotional reasons.

I, the parent/guardian completing this registration, give permission to Kristen Klopko and Arcade Dance Arts to contact all persons listed on this registration via telephone, text message, social media or email for informational, communicative or promotional purposes.*

Signature of Parent / Guardian

Date of Signature



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Dancer #2	Last Name	First Name	D.O.B - (MM-DD-YYYY)	Age as of Sept 1st
Address		Unit #	City	Postal Code
Additional Info: Medical, Allergies, Injuries, Custody				
Consent to contact Paramedics Yes / No New Student [] Return Student []				

Parent / Guardian #1:	
Home Phone	
Mobile Phone	
Work Phone	
Email	

Parent / Guardian #2:	
Home Phone	
Mobile Phone	
Work Phone	
Email	

Emergency Contact:	
Phone #s	

DANCER FIRST NAME:	CLASS LENGTH	CLASS	Sept 12-Dec 12	Jan 9-Apr 2	Apr 3-June 18	Sept 12-June 18
	1 Hr - 1st Class		\$235.04	\$198.88	\$198.88	\$632.80
	1 Hr - 2nd Class		\$227.70	\$192.67	\$192.67	\$613.30
	45 Mins - 1st Class		\$220.35	\$186.45	\$186.45	\$593.25
	45 Mins - 2nd Class		\$213.01	\$180.24	\$180.24	\$573.48
	45 Mins - 3rd Class		\$205.66	\$174.02	\$174.02	\$553.70
	45 Mins - 4th Class		\$198.32	\$167.81	\$167.81	\$533.93
	45 Mins - 5th Class		\$198.32	\$167.81	\$167.81	\$533.93
	30 Mins - 1st Class		\$117.52	\$99.44	\$99.44	\$316.40
	30 Mins - 2nd Class		\$110.18	\$93.23	\$93.23	\$296.63
	UNLIMITED	**This rate is per dancer	\$1,235.00	\$1,045.00	\$1,045.00	\$3,325.00

TOTALS	\$	\$	\$	\$
Early Bird Promo 10% OFF				
Early Bird 5% OFF				
B.C.D (30%)				
Gift Certificate				
Administration Fee				
DISCOUNTED TOTAL	\$	\$	\$	\$

All prices include HST already.
 Once the total of fees reaches the Unlimited Rate a dancer may take all additional classes for free.
 Competitive Team rehearsals fees also apply for team dancers.
 See the competitive package for details.
 Administration fee = \$25 per dancer or \$40 per family.

ROUTINES	Choreo Fees	Entry Fees	Comp Costumes	Recital Costumes
TOTAL ENTRY FEES	\$	\$	\$	\$

PAYMENT INFORMATION (For Office Use Only)				
INVOICE #	ITEM	AMOUNT	DATE	METHOD/DEP
	FULL SEASON			
	TERM 1			
	TERM 2			
	TERM 3			
	Competitive Rehearsals			
	Competitive Choreography			
	Competitive Entry Fees			
	Competitive Costumes			
	Recital Costumes			