

MARITIME DANCE ACADEMY

Summer Acro Workshops 2024

Acro Workshops
Located at 36 Duke Street, Bedford NS
Email registration to maritimedance@eastlink.ca

Student Name (First and last)	Birthdate	Gender	Health Concerns/Limitation
<i>Select all Dates you wish to attend (\$17.25+tax = 19.84per date)</i> <input type="checkbox"/> July 4 <input type="checkbox"/> July 11 <input type="checkbox"/> July 18 <input type="checkbox"/> July 25 <input type="checkbox"/> Aug 15 <input type="checkbox"/> August 22 <input type="checkbox"/> August 29			<i>Use this space for additional notes</i>
Age 5-8 5:00 - 6:00	Age 9+ 6:00 - 7:00	Experience Level Beginner Experienced We will also assess students for placement.	

Contact # 1 First Name	Last Name	Relationship to Student
Primary Phone #	Cell #	Work #

Email Address: **This will be used for communication and e-payment receipts, please print clearly*

Contact #2 First Name	Last Name	Relationship to Student
Home/Primary Phone #	Cell #	Work #

Email Address:

Home Address	City	Postal Code
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Emergency Name (Other than above)	Phone	Relationship to Student
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- I have read and will abide by Maritime Dance Academy protocols and waivers.
 I agree to abide by all rules, regulations and conditions contained herein or which may be posted from time to time.
 I agree that all exercise and use of any and all facilities/services are undertaken by member at his/her sole risk and responsibility and member further agrees that the Academy shall not be liable for claims, demands, injuries, damages or actions. Member expressly and forever releases the Academy, its management, employees, directors or instructors from all claims, demands, damages, actions by myself, my children or dependants, by reason of the use of any and all facilities.
 I understand the **workshop fee of \$19.84 per class, including taxes is due with registration, and is non-refundable.**
MDA reserves the right to cancel any class by crediting or refunding the associated fees.

Signature: _____ Date: _____

Payment Information: <input type="checkbox"/> E-transfer to mdajanicem@gmail.com (include student's name in the message) <input type="checkbox"/> In person (Debit, Credit, Cash)	Staff Initial & Date
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<input type="checkbox"/> Visa or Mastercard: Maritime Dance Academy may bill my card for: <input type="checkbox"/> All future payments <input type="checkbox"/> Workshop payments only	Signature:
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Name on Card	Card Number	Card Expiry
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Maritime Dance Academy & Theatre School Waiver

I understand that all Maritime Dance Academy programming includes physical activity in the form of a variety of sports and recreational activities. I agree that Maritime Dance Academy will not be held liable for any injury to my child, or loss or damage to my child's personal property. I understand that all items left behind may be thrown away, including but not limited to, clothing, shoes, water bottles, and dancewear.

In consideration of my child being allowed to participate in Maritime Dance Academy programming, I, the parent/guardian of the child, on my own behalf and on behalf of my child, waive all present and future claims against Maritime Dance Academy, and its directors, coaches, employees, officers, servants, representatives, volunteers, insurers and agents (and their respective successors and assigns) (collectively, the "Releasees") and hereby release the Releasees from and against all liabilities, claims, actions, demands, costs and expenses relating to injury, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, howsoever caused (including negligence of any one or more of the Releasees), arising out of or in connection with my child's participation in Maritime Dance Academy programming.

I, on my own behalf and on behalf of my child, also agree to indemnify the Releasees for, on account of or by reason of any claim advanced against any of them, or any loss or damage sustained by them, arising out of my child's participation in Maritime Dance Academy programming.

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment/services necessary to maintain the health of my child. In the event of medication, medical advice, treatment and/or equipment are required; I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the medical information provided to Maritime Dance Academy on the program registration form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Maritime Dance Academy.

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD to participate in Maritime Dance Academy programming; I am voluntarily agreeing to abide to these terms. I confirm that the participant I have registered on this form is physically and mentally able to participate in all Maritime Dance Academy programming. I agree to the terms and conditions outlined in this Guardian Permission/Liability Waiver. I agree that any photos or videos taken of my child by Maritime Dance Academy during this camp can be used for promotional purposes.

Acceptance of this waiver is indicated by the checking the box on the registration form.