

# MARITIME DANCE ACADEMY

## Registration for ITP and Teen Programs 2024-2025

|                 |                                  |
|-----------------|----------------------------------|
| Select Location | <input type="checkbox"/> Bedford |
|                 | <input type="checkbox"/> Halifax |

|                               |        |                             |  |
|-------------------------------|--------|-----------------------------|--|
| Student Name (First and last) |        | Upcoming Level              | First Preference <i>(Class time/modern/extras)</i> |
| Birthdate                     | Gender | Health Concerns/Limitations | Second Preference                                  |

|                        |           |                         |
|------------------------|-----------|-------------------------|
| Contact # 1 First Name | Last Name | Relationship to Student |
| Home 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 Phone #          | Cell#     | Work #                  |

Email Address:

|              |      |             |
|--------------|------|-------------|
| Home Address | City | Postal Code |
|--------------|------|-------------|

|                                      |   |
|--------------------------------------|---|
| Student Cell Phone <i>(optional)</i> | Student Email Address <i>(optional)</i> |
|--------------------------------------|---|

- I agree to 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 dependents, by reason of the use of any and all facilities.

**All costume rental fees will be processed with your first payment. Registration and costume rental fees are annual fees and are non-refundable. A refund or payment reduction will not be offered for classes not attended. Students may attend make up classes at either studio location.**

**Monthly Payments** – A prorated fee for the entire year at a discounted hourly rate, based on participation in the full program (takes Christmas and March Break into account). Ten monthly payments due the first day of each month (first payment due August 15<sup>th</sup>, next is September 1st) to be paid one month in advance. Costume Rental fees are due with the first payment. This is the most economical choice if your child dances the entire year. You must give 60 days notice prior to any cancellation of payment. The office must be notified before the first day of the month prior to cancellation taking place. If the office is not notified one month in advance, you will be billed the original payment due for the coming month.

All exam fees will be due December 1<sup>st</sup> and will *not* be billed automatically to a credit card.

*\*\*\*The member agrees to pay \$30.00 service charge for returned cheques. MDA reserves the right to cancel any class by refunding the initial fee and any unused dues. \*\*\*Late payment fees are \$10+tax for each week not paid. \*\*If a member chooses to pay fees using automatic payment, it is the member's responsibility to provide MDA with updated credit card information.*

- I understand and agree to the fees and payment schedule.

Sign or type name to indicate agreement: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

**CREDIT CARD INFORMATION** OR  Etransfer to mdajanicem@gmail.com *(include dancer name in message)*

Name as it Appears on Card: \_\_\_\_\_

Visa/MC: \_\_\_\_\_ EXPIRY: \_\_\_\_\_

Cardholder Signature or typed name: \_\_\_\_\_

I give Maritime Dance Academy permission to bill my credit card for dance tuition and costume fees (please check one):

- 1<sup>st</sup> payment only       All payments for the year (excluding exam fees)