



50 Bullock Dr. Unit 6, Markham ON L3P 3P2 Tel: 905.294.2618 www.kicksdance.ca

REGISTRATION FORM 2011

Please Complete in Full

Student Name: _____ Female _____ Male _____

Birthdate: _____ / _____ / _____ Age: _____ Home Phone #: _____
Day Month Year

***All Newsletters, Recital Info, Picture Day Schedules, Important Updates Etc. will be emailed to all KICKS families! Please provide an email address that you check often (please print clearly):**

***Email Address:** _____

***Alternate Email Address:** _____

Home Address: _____

City: _____ Postal Code: _____

Mothers Name: _____ Business/Cell #: _____

Fathers Name: _____ Business/Cell #: _____

Medical Information (Please describe any medical conditions, allergies, asthma, injuries etc.):

Please refer to the 2011/2012 KICKS Class Schedule to complete this section:
A KICKS representative may assist you with choosing the most suitable class(es).

CLASS	DAY	TIME

All Students:

I, _____ hereby agree to indemnify and save harmless, Jo-Ann Ko and Kicks Dance Studio Ltd., and all teachers, assistants, volunteers & any other person designated or appointed by said association/person from any and all liability actions or lawsuits arising from any activity or travel relating to the program, including dance competitions in Canada and the USA attended by Kicks Dance Studio Ltd. In Consideration of accepting my registration at Kicks Dance Studio, I agree to pay all dance related fees, costume fees & competitive fees (if applicable). I further agree to pay all NSF fees and/or late fees that I may incur.

Parent/Guardian Signature: _____ Date: _____

PAYMENT OPTION A: CHEQUES (payable to KICKS)

- 1. Registration Fee: _____ 2011 \$ _____ Cheque # _____
- 2. Term 1: _____ 2011 \$ _____ Cheque # _____
- 3. Term 2: November 28th 2011 \$ _____ Cheque # _____
- 4. Term 3: February 26th 2012 \$ _____ Cheque # _____
- 5. Costume Fee: October 15th 2011 \$ _____ Cheque# _____
- 6. Comp. Solo/Duet/Trio/Group Sept. 30th 2011 \$ _____ Cheque # _____

PAYMENT OPTION B: VISA/MASTERCARD (please circle to specify)

Cardholder's Name: _____

Visa/Mastercard #: _____

Expiry: _____ / _____

1.) Term 1 and Registration Fee: I authorize KICKS DANCE STUDIO Ltd. to the payment of \$ _____ to my Visa/Mastercard on _____ 2011.

2.) Term 2: I authorize KICKS DANCE STUDIO Ltd. to the payment of \$ _____ to my Visa/Mastercard on November 28th 2011.

3.) Term 3: I authorize KICKS DANCE STUDIO Ltd. To the payment of \$ _____ to my Visa/Mastercard on February 26th 2012.

3.) Costume Fee: I authorize KICKS DANCE STUDIO Ltd. to the payment of \$ _____ to my Visa/Mastercard on October 15th 2011.

Other Fees (Competitive Students) _____: I authorize KICKS DANCE STUDIO Ltd. to the payment of \$ _____ to my Visa/Mastercard on _____.

Other Fees (Competitive Students) _____: I authorize KICKS DANCE STUDIO Ltd. to the payment of \$ _____ to my Visa/Mastercard on _____.

DATE: _____ **Card Holder Signature** _____