

[www.libertydance.org](http://www.libertydance.org) (647) 567 – 1886 admin@libertydance.org

CAPSUL STUDIO 25 Liberty Street, Suite 200, Toronto ON M6K 1A6

ARTSCAPE YOUNGPLACE 180 Shaw Street, LL (Movement Studio), Toronto ON M6J 2W5

MAILING ADDRESS 715-150 East Liberty Street, Toronto ON M6K 3R5

**REGISTRATION: (Returning dancer –include name + updated contact info)**

**Name of Dancer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special considerations**

\* Include any health-related conditions including respiratory issues and allergies:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact (if different from above):

(phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HYBRID GROUP CLASS (In-Studio or Online) JANUARY 10TH – MARCH 9TH:**

SUNDAYS: ARTSCAPE YOUNGLACE – LOWER LEVEL – MOVEMENT STUDIO

\*No class Sunday, February 19th

□ 10:00-11:00Grade 2-3 Ballet (age 7-9)

□ 11:00-12:00 Jr Jazz & Tap (age 7-9)

□ 12:00-1:00 Adult Ballet (age 18+)

TUESDAYS: CAPSUL STUDIO – 2ND FLOOR – UNIT 200

□ 5:30-6:30 Jr-Inter Hip Hop (age 7-12)

□ 6:30-7:30 Jr-Inter Acro (age 7-12)

THURSDAYS: CAPSUL STUDIO – 2ND FLOOR – UNIT 200

□ 4:30-5:00 Creative Dance (age 2-3)

□ 5:00-5:30 Pre-Primary Ballet (age 4-5)

□ 5:30-6:30 Primary/Grade 1 Ballet (age 6-7)

**GROUP CLASS FEES (HST included):**

|  |  |  |  |
| --- | --- | --- | --- |
| CLASS DURATION | TERM FEE | INSTALLMENT #1 DUE JAN 10TH  | INSTALLMENT #2 DUE FEB 7TH  |
| THURSDAY30 min | $198 | $88 | $110 |
| TUES/ THURS 60 min | $252 | $112 | $140 |
| SUNDAY60 min | $196 | $84 | $112 |

**PRIVATE & SEMI-PRIVATE CLASSES:**

Appointments are available upon request, outside of the group classes offered. These classes can be in-studio or online. The fees outlined below are based on a private class with 1 dancer. For 2 dancers in a semi-private class, the fees below are split between the dancers attending.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LOCATION | 90 min class | 75 min class | 60 min class | 45 min class | 30 min class |
| ONLINE  | $105 | $87.50 | $70 | $52.50 | $35 |
| IN-STUDIO  | $225 | $187.50 | $150 | $112.50 | $75 |

**REGISTER FOR THE FOLLOWING CLASSES (please list):**

**□**

**□**

**□**

**METHOD OF PAYMENT:** \_\_\_\_\_ CASH \_\_\_\_\_E-TRANSFER \_\_\_\_\_CREDIT CARD

Name on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Security Code (back of card): \_\_\_\_\_\_\_\_\_\_

**EARLY CANCELLATION:**

Registering for the term allows for two missed classes that can be utilized for future credit. Classes missed beyond this amount will not be credited.

**REFUND POLICY:**

Fees paid are non-refundable; however, if a special circumstance occurs it will be under the discretion of *Liberty Dance* to give a partial refund. Applicable doctor’s note may provide a 50% refund in such cases of injury or illness.

**INTEREST CHARGES:**

Fees are due on the deadline listed above. Interest charges are applied at 1% per day if payment is received after due date. For example, if you owe $100 by Dec 1st, and you make a payment by Dec 5th, your total interest owed is $4 added to your original payment.

**Agreement of Release & Waiver of Liability:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to the following:

 (Name of Participant or Guardian)

I understand participation in a dance class at *Liberty Dance* requires physical exertion causing strenuous activity, which may cause a risk or hazard to physical injury.

I understand it is the participant’s responsibility to consult a physician prior to partaking in any class at *Liberty Dance* to recognize that there are no medical conditions present, which may prevent participation.

I understand that every class held at *Liberty Dance* is conducted in a safe manner by fully qualified dance instructors, and agree to take full responsibility for any risks, injuries, or damages that may occur as result of participation in class.

I will waive any claim I may have against *Liberty Dance* or its instructors for injury or damage that may occur as a result of participating in a class at *Liberty Dance*.

**I have read and understand the studio policies, special considerations, refund and interest policy, terms, release, and waiver of liability, and fully understand its contents.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Signature of Participant or Guardian**

THANK YOU FOR YOUR SUPPORT!