



Interplay Registration Form 2015 - 2016

Name of Student _____ Date of Birth (M/D/Y) _____ Age _____

Mother's Name _____ Bus./Cell Phone _____ (B) _____ (C) _____

Father's Name _____ Bus./Cell Phone _____ (B) _____ (C) _____

Address _____
Street Unit City Postal Code

Home Phone _____

Email _____

Name of Doctor _____ Phone _____

Heath Card no. _____ Allergies/Medical Conditions _____

Emergency Name _____ Relation _____

Emergency Phone _____

Where did you hear about the school? Newspaper (which) _____
Camp Guides _____ Internet _____ Dance Magazine _____ School Location Sign _____
Return Student _____ Other (please specify) _____ Referral By _____

- *All post-dated cheques or automatic debit authorization must accompany application
- *A charge card is required at time of enrollment. Outstanding fees will be charged to card at net 30 days
- *Please do not forget to enclose a separate payment for the \$30 + HST registration fee per family
- *Performance fee of \$85.00 + HST/Costume fee of \$140.00 + HST includes DVD (1 per student) is due on Sept 1, 2015. At Early Registration, a separate post-dated cheque or credit card withdrawal is required.
- *Please read all rules, regulations, release form and fee schedule **prior** to signing and dating form
- *Interplay staff will have final authorization on class enrollment, confirmation will be sent via email
- *13% taxes are applicable on all fees**

Program Choice

Jr. _____ Inter _____ Sr. _____ Intensive _____ Enhanced _____ Interplay Dance Co. _____ Competitive _____

Name of Class - Day - Time

Name of Class - Day - Time

Is Your child participating in Year-End Show? YES _____ NO _____ * Note: If "No" Office to be notified of any change of decision for participation on or before Oct 31, 2015 in order for placement to be guranteed

Parent's Signature of Authorization for Registration in Above Classes _____

STUDENT NAME: _____ DATE OF ENROLLMENT: _____

All registrations **must** have a charge card Yearly \$ _____ Monthly \$ _____ Card Type _____

Card no. _____ Exp. _____ / _____ CVD _____

Card Holder Name _____ **Authorization Signature** _____

***NOTE:** Charge card only accepted for full year payment OR initial first and last month

Paying by Automatic Withdrawal – Charge Card information must also be completed

Monthly Amount _____ Void Cheque Attached _____

Banking Information: Institution # _____ Transit # _____ Account # _____

Signature of Acknowledgement of 8 monthly withdrawals _____

*First and last months to be paid at time of registration

Paying by Cheque – Charge Card information must also be completed Monthly Amount _____

Monthly – 10 postdated cheques (first and last month paid at time of registration)

Chq numbers _____

*Credit card or Chq accepted for full year payment **Signature of Acknowledgement** _____

ALLOW OFFICE STAFF TO COMPLETE BELOW

Term hours/week _____

Yearly Fee (before HST) _____

Monthly Fee (before HST) _____

Yearly Fee with HST: _____

Monthly Fee with HST: _____

Discount: Sibling -OR- Early Registration _____

Registration Fee (\$30+HST = \$33.90) _____ Int.2-8 Ballet Rental (\$85+HST = \$96.05) _____

Costume Fee (\$140+HST = \$158.20 each) (x) # of costumes needed _____ Total _____

Costumes: _____

IDC Costume Fee (\$400+HST = \$452) _____ Comp Costume Fee (\$200+HST = \$226.00) _____

IDC Fee (\$80+HST = \$90.40/monthly) _____ IDC & Comp Fee (\$140+HST = \$158.20/monthly) _____

*This section for IDC, and Comp Only

RELEASE AND WAIVER

Name of Student: _____

Name of Parent/Guardian (If Student under 18 years of age): _____

Course Location: Interplay – 250 Davisville Ave, Unit 502-504, Toronto M4S 1H2

Date of Registration: _____

In consideration of Interplay School of Dance Ltd. (Interplay), accepting this application, I, for myself, my heirs, executors, administrators and assigns, release Interplay, its respective servants, agents and employees from any claims, demands, damages, actions or causes of actions whatsoever arising out of or in consequence of the above-noted Student participating in a dancing lesson/course or any other activity related to Interplay, including but not limited to claims, demands, actions or causes of actions related to loss of or damage which may have arisen by reason of negligence of Interplay, its servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourses which I may now or hereafter have resulting from any decisions or activities of the Interplay. For the aforesaid consideration I agree to indemnify Interplay, its servants, agents or employees from any claims or demands which might be made against the Interplay, arising out of or in consequence of the attendance or participation by the Student in a dance lesson/course or any other activity of Interplay. If this Release and Waiver is signed by any person other than the Student, the Student is under the age of eighteen (18) years, and I have full legal right and authority to sign this waiver on behalf of the Student.

I have received the **Rules and Regulations, Dress Code Policy** and **Fee schedule**. I have read all thoroughly prior to signing this form. I will also go through these guidelines with my child so they are aware of all rules and regulations prior to class participation.

Date

Date

Parent/Guardian Signature

Students signature (18 and over)

Interplay Staff Signature

Photo Release

I give permission for Interplay to use photographs of (name of child) _____ for promotional purposes only.

Signature of Parent/Guardian Yes _____ No _____

Please note that if any part of the registration form is incomplete or post-dated cheques or correct charge card information are not attached, your child will not be registered in classes.

Please make sure all information is filled in correctly as changes may not be permitted on this form.

Completed forms may be delivered via:

Email: staff@interplay-dance.ca Fax: 416.972.1497

In Person: 250 Davisville Ave. Unit 502 Toronto, ON M4S 1H2

Post: Interplay School of Dance c/o 39 Broadmead Ave. Scarborough, ON M1M 1C3