



*Island Dance Studio*  
**REGISTRATION FORM 2009/10**

Director: Bleiddyn Bellis, FISTD (Cecchetti)  
[www.islanddancestudio.com](http://www.islanddancestudio.com) Ph 250 5321244

*(Please Print)*

Student's name \_\_\_\_\_  
Surname first

Parent's/Guardian's name \_\_\_\_\_

Address \_\_\_\_\_  
Street city postal code

Phone \_\_\_\_\_ ext \_\_\_\_\_ E-mail \_\_\_\_\_  
home business

Age (as of Sept. '09) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Problems: Is there any medical issue or injury which would affect full participation?  
Please explain. \_\_\_\_\_

\_\_\_\_\_

Please indicate the school you attend at present and the dismissal times \_\_\_\_\_

**New Students:** Previous Experience/Level/Exams \_\_\_\_\_

Previous Dance School if applicable: \_\_\_\_\_

I have read and agree to the policies of Island Dance Studio.

Return to: Island Dance Studio  
2630 Asquith St.  
Victoria, BC  
V8R 3Y3  
Tel: 250.532-1244  
e-mail: [info@islanddancestudio.com](mailto:info@islanddancestudio.com)

Parent's/Guardian's Signature \_\_\_\_\_



**2. Recital Costume fee, POST DATED to Nov 1<sup>st</sup> 2009, payable at registration: \$70.00**  
(for classes pre-primary, primary, standard one, standard two/grade two, grade three)

*Students in grade four and above will be invoiced separately for ballet and jazz costume requirements in the spring.*

**AMOUNT PAYABLE at REGISTRATION**

September and June class fees: \_\_\_\_\_

Registration fee (1 fee per family) \$30

Total: \_\_\_\_\_

**POST DATED CHEQUES TO ACCOMPANY REGISTRATION**

Costume Fee (if applicable): \$70 YES NO

8 remaining monthly tuition fees Oct. to May: \_\_\_\_\_

**GENERAL DISCLAIMER**

In accepting a student to IDS, the school assumes that these policies have been read, understood and agreed to. To avoid any misunderstandings, please contact me personally with any concerns or questions.

We, the undersigned, do waive and release all claims against Island Dance School for the injury, loss, damage, accident, delay or expense resulting from the applicant's participation in the IDS Program. We also release Island Dance Studio and agree to indemnify them, with regard to any financial obligations or liabilities that the student may personally incur, or any damage or injury to the person or property of others that the applicant may cause while participating in the Island Dance Studio Program.

Name of Parent/Guardian (please print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

### MEDICAL RELEASE

Student's Name: \_\_\_\_\_

**PARENTS/GUARDIAN AGREEMENT AND PERMISSION** I hereby authorize that Island Dance Studio Staff may authorize necessary medical treatment, in an emergency, by a licensed physician, for my son or daughter without personal liability, if I am unable to be contacted in a timely manner.

This authorization shall be valid for the full duration of the student's enrollment in any Island Dance Studio Program.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Emergency Information** (to be completed by parent)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

### MEDIA RELEASE FORM

I, (please print) \_\_\_\_\_, hereby grant permission to Island Dance Studio to photograph and/or record

my child (please print) \_\_\_\_\_ on still or motion picture film and/or audio tape, and to use said material to promote IDS through

the media of television, film, radio, print, or other electronic media. I further waive

any claim to remuneration for use of audio-visual material recorded for this

purpose, and I understand that this material remains the property of Island Dance Studio.

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date