

# FULL YEAR PROGRAMS



## REGISTRATION FORM 2026/2027

Dancer's Full Name

Date of Birth

DD MM YYYY

Returning Dancer  (Only fill information that has changed)

New Dancer

### ACCOUNT INFORMATION

Person Responsible for Account

Full Address

E-Mail (mandatory)

Phone (best to be contacted)

Previous Dance Training  
(if applicable)

Any allergies, health, or  
physical restrictions

How did you hear  
about us?

Facebook/Instagram

Website

Friend

Google

Try-It Day

Full Year Enrollment: (Please circle classes to be registered in)

Ballet

Jazz

Tap

Lyrical

Contemporary

Acro

Hip-Hop

Jump/Turn/Condition & Flex

Pre-Pointe

Pointe

Musical Theatre

Account Payment Plan  
(Tuition Only)

Monthly

\_\_\_\_\_/Month Sept-May

Paid in Full

Credit Card Number

Expiry:

CCV:

\_\_\_\_\_  
Parent/Guardian Signature

THANK YOU FOR YOUR REGISTRATION

Please enclose a \$50.00 Non-Refundable Registration Fee for Full Year Programs Only

# Release Authorization Form 2026/27



**\*\*Due to insurance purposes we will not allow your child to attend classes without a signed release\*\***

## **PARTICIPATION AGREEMENT:**

-I understand that dance classes may include, without limitation, stretching, barre work, floor combinations, center work, dancing with props, and other movement related activities. I further understand that there are specific risks of physical or property damages, losses, or injury that may result from my or my child's participation with Across the Floor Dance Studio Inc., and I voluntarily assume the risks associated with such participation.

-I agree to release, waive, discharge, and hold harmless Across the Floor Dance Studio Inc., its owners, its instructors, and its employees from any liability, claims, actions or losses for bodily injury, property loss/damage, or otherwise which arise out of my child's participation in in-studio and online services provided by Across the Floor Dance Studio Inc.

-I also authorize Across the Floor Dance Studio Inc. to take all reasonable steps to respond to medical emergencies and to seek medical treatment in the case of an injury.

-I understand that all dancers are expected to wear appropriate dance attire and footwear, as outlined in the Dress Code, in order to participate safely in class.

## **PHOTO/VIDEO RELEASE:**

-Across the Floor Dance Studio Inc. may wish to use a photo or video of my son/daughter taken at the studio and/or during an off-site studio event to share for promotional purposes on its website, brochures, and/or social media platforms. Should a family wish to opt out of this use by the studio of their dancer(s), written notification of said wishes are required to be received by Across the Floor Dance Studio Inc. prior to the registered dancer's participation in classes and/or events.

**ABSENCES:** Absences for personal reasons will not result in discounted tuition or make-up classes. Students are permitted 3 absences per term, after which their enrollment will be called into review. The student's eligibility to participate in and perform with their class(es) may be revoked at the discretion of the AFDS Admin.

**WITHDRAWALS:** To formally withdraw, written notice must be submitted prior to the next scheduled payment date. Should a student withdraw in between scheduled payment dates, completed payments are not eligible for a refund. If an account is in arrears, payments will continue to be processed until all overdue fees are collected.

Prolonged absences, phone messages, or verbal notice are not acceptable forms of withdrawal. Medical withdrawals supported with sufficient documentation will be granted tuition credit to be used towards future classes within the next calendar year and may be used by immediate family.

**REFUNDS:** All membership payments, tuition payments, costume and festival fee payments are non-refundable once completed. Refunds are not available to any session-based classes. Registrations paid in full by September 1, 2026 are eligible for withdrawal until October 31, 2026 and will result in a partial refund, less the studio membership + costume fee + Fall term tuition. I understand that Across the Floor Dance Studio Inc. does not give credit and/or refunds for class(es) missed due to holiday, vacation, illness, weather, etc.

I understand and acknowledge that my first payment is non-refundable

- I understand and acknowledge that my first payment is non-refundable
- I recognize that overdue accounts will incur a fee of 5% for every 30 days the account remains in arrears.
- I, the undersigned, authorize the processing of tuition payments for the 2026/2027 dance season as outlined.
- If registering for a class offered on a Session basis, I understand that tuition is required in full and is non-refundable.
- I am informed of the withdrawal policies and will accept their complete application should my student choose to discontinue classes.
- I acknowledge that Across the Floor Dance Studio Inc. reserves the right to cancel classes due to insufficient enrolment (tuition will be refunded less the amount for classes taken).
- I, the undersigned, have read, understood, and agree to the participation agreement, registration policies and terms as outlined by Across the Floor Dance Studio Inc.

## **Release of Liability**

This document applies to student, parents, guardians, families, and their guests, and is effective immediately and until further notice.

ON MY OWN BEHALF AND ON THE BEHALF OF MY MINOR PARTICIPATING CHILDREN, I HEREBY RELEASE, WAIVE, AGREE NOT TO SUE, DISCHARGE, AND AGREE TO HOLD HARMLESS AFDS, its directors, officers, employees volunteers, agents, assigns and insurers from any and all liability, claims, actions, complaints, or causes of action, whether caused by the breach of contract or negligence of AFDS or otherwise, related to my, or my minor children's use of and/or attendance at the facilities, service and programs of AFDS.

I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF ILLNESS, BODILY INJURY OR DEATH to myself or my minor children caused by or related to my, or my minor children's use of and/or attendance at the facilities, services and programs of AFDS.

I FURTHER AGREE THAT IF MY MINOR PARTICIPATING CHILD OR CHILDREN, in his, her or their names or otherwise, directly or indirectly, commences, maintains, continues, assigns or participates in a proceeding or action against AFDS and/or its staff, then I will defend, indemnify and save harmless AFDS and/or its staff, from and against any and all resulting liabilities and costs, including legal fees on a solicitor-and-client basis.

I RECOGNIZE that this release and waiver is intended to be broad and inclusive. If any part of it is held to be invalid for any reason, it shall not affect the enforceability of the remaining provisions. I recognize that this is a binding agreement, and that it binds me, my successors, spouses, children, parents, family, guardians, assigns, heirs, administrators and anyone else who might claim in my name or on my behalf, or on behalf of my minor children or in their names.

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Parent/Guardian Signature

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Date