



FOR OFFICE USE ONLY:		Membership Fee Paid	<input type="checkbox"/>
New Dancer	<input type="checkbox"/>	Tuition Paid / PP	<input type="checkbox"/>
Returning Dancer	<input type="checkbox"/>	Entered into JR & CC	<input type="checkbox"/>
Referral	<input type="checkbox"/>		

Competitive Registration Form

Dancers Name:

D.O.B: dd/mm/yyyy Age: Gender: M ___ F ___
 Home Phone #: Cell Phone #:
 Mailing Address: Postal Code:
 How did you hear about Strive? Name of Referral:

Contact #1 - Parent/Guardian Name:

Email Address (Please Print Clearly):
 Home Phone #: Cell Phone #: Work Phone #:

Contact #2 - Parent/Guardian Name:

Email Address (Please Print Clearly):
 Home Phone #: Cell Phone #: Work Phone #:

Emergency Contact Name:

Relationship to Dancer:
 Home Phone #: Cell Phone #: Work Phone #:

Does your child have any medical concerns we should be aware of?

Yes _____ No _____

If Yes, please provide specifics:

The health information that you provide about your child will be given to the teachers, staff and volunteers supervising the dancers to assist in recognizing a medical emergency and to call for necessary assistance. **Do you give your consent to the use of this information as stated?**

Yes _____ No _____ Initials: Date:

Please check each box to indicate you have read & agree to the following:

- Throughout the dance season, SDAS will take photographs and/or video images of your child during classes, exams, performances, fundraisers, competitions, festivals and/or other Board sanctioned events. I, the undersigned, on behalf of the parties registered give consent for SDAS to use these images for advertising and marketing purposes.
- I have read and understood the policies and procedures document and agree to abide by them.

Signature: _____

Date: _____

Please enter the following information as accurately as possible to ensure that the dancers are placed in the correct categories for competitions. Thank you.

Years of Dance Training: (Begin counting from age six and include the current dance season).

Tap	Jazz	Ballet	Pointe	Musical Theatre	Acro	Lyrical	Modern/Contemporary	Lyrical	Other: _____

CORE PROGRAM - MANDATORY CLASSES (Jazz, Ballet & Tap): Please check ✓ your level, if unsure leave blank

- Pre-Junior
- Junior 1
- Junior 2
- Junior 3
- Pre-Inter 1
- Pre-Inter 2
- Pre-Inter 3
- Inter 3
- Stretch – I understand that this is a requirement in Semester One (Pre-Junior excluded) : Initial: _____.

OPTIONAL EXTRAS – Please check ✓ your chosen extra classes:

- Musical Theater
- Enrichment Ballet
- Stretch 2nd Semester
- Acro 1st Semester Acro 2nd Semester
- Jumps & Turns

INTERESTED IN – Please check ✓ the following you are interested in:

- Hip Hop Classes
- Workshop Program if eligible
- Additional Group Extra Work opportunities if eligible

COMPETITIVE PROGRAM WITHDRAWAL POLICY

- Membership Fee is Non-Refundable at any time.
- Class Fees split into 9 Payments (regardless of how you choose to pay)

Withdrawal Month	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Sep								
Oct								
Nov								
Dec								
Jan								
Feb								
Mar								
April								
May								

- Withdrawal in September will provide reimbursement of fees for November through to May and so on – following chart.
- Withdrawal after March 1st will result in no refund being given.
- There is no refund for costume or competition fees after October 31st (this is also the deadline for payment of these fees)