

DZ REGISTRATION FORM

| OFFICE USE ONLY | |
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| STUDENT'S NAME | | | MOM/GUARDIAN'S NAME | | | | | | | | | | | | | |
|--|----------------------|--------------------|--|--------------------|------------|---------------|------|--|----------------------|-----------|--|---------------|--|--|--|--|
| BIRTHDATE (M/D/Y)AGE | | | MOM'S CELL # | | | | | | | | | | | | | |
| HOME TEL# MAILING ADDRESS CITY POSTAL CODE # OF YEARS DANCE EXPERIENCE | | | MOM'S WORK # DAD/GUARDIAN'S NAME DAD'S CELL # DAD'S WORK # | | | | | | | | | | | | | |
| | | | | | | | | | STUDENT EMAIL | | | PARENT E-MAIL | | | | |
| | | | | | | | | | OTOBLITT LWAIL | | | ., | | | | |
| | | | | | | | | | MEDICAL/ALLERGY INFO |): | | | | | | |
| CLAS | SS | # HRS/WK | DAY(S) | | TIME(S) | | | | | | | | | | | |
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| | TOTAL HOURS/WEEK: | | | | | | | | | | | | | | | |
| | TOTAL HOURS/WEEK: | | | | | | | | | | | | | | | |
| | | | KP DATE (MM/YY) CVC: | | | | | | | | | | | | | |
| CARDHOLDER'S NAME | (Please CHEC | | GNATURE: ns to process on credit | card) | | | | | | | | | | | | |
| | MONTHLY CLASS | | YEARLY CLASS F | | L) 🔲 | | | | | | | | | | | |
| MONITH | HLY COSTUME/EVEN | | YEARLY COSTU | ME/EV/ENIT I | EES (IN E | шл | | | | | | | | | | |
| MONIF | | | TEARLY COSTO | VIL/ L V L I VI I | LLS (IIVI) | | | | | | | | | | | |
| | REC | SISTRATION FEE | | | | | | | | | | | | | | |
| OFFICE USE ONLY | | REGISTRATION DATE: | | | | | | | | | | | | | | |
| REGISTRATION FEE: \$ | + 14% hst = | = \$ | Pd: Cheque | Visa MC | C Debit | E-Transfer | Cash | | | | | | | | | |
| YEARLY CLASS FEE: \$ | + 14% hst = | = \$ | Pd: Cheque | Visa MC | C Debit | E-Transfer | Cash | | | | | | | | | |
| MONTHLY CLASS FEE:\$_ | + 14% hst | = \$ x | Pymts | Pd: Ch | eque | Visa <i>N</i> | VC | | | | | | | | | |
| YEARLY COS/EVENT FEE | :\$ + 14% | hst = \$ | Pd: Cheque | Visa M | C Debit | E-Transfer | Cash | | | | | | | | | |
| MONTHLY COS/EVENT F | FEE: \$ + 1. | 4% hst = \$ | x Pymts | Pd: Ch | eque | Visa <i>N</i> | VC | | | | | | | | | |
| TOTAL FEES: \$ | +14% hst | = \$ | | * | | | | | | | | | | | | |
| All \$ Rec'd: Database: | | | Added to CC List: | | | | | | | | | | | | | |
| INFORMATION : | | | | | | | | | | | | | | | | |
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| Date W/D | DB & CC List Removed | W/D Credit \$ Date | | | | | | | | | | | | | | |
| 24.0 11/2 | DD & CC LIST REMOVED | | | W/D Credit \$ Date | | | | | | | | | | | | |

NO REFUND/LATE FEE POLICY WAIVER THERE IS A NO REFUND POLICY FOR ANY REASON ONCE PAYMENT HAS BEEN PROCESSED. All monthly and yearly payments are NON-REFUNDABLE and NON-TRANSFERABLE. Any and all fees submitted/paid after given deadlines are subjected to a late fee (see Pricing sheet). These policies are strictly enforced. Parent/Guardian (PLEASE ________ Signature of Parent/Guardian______ /2025-2026 INJURY/ILLNESS LIABILITY RELEASE WAIVER I hereby release all rights and claims for damages against DANCE ZONE for any injury or illness as a result of dance classes and related activities. I understand the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 and will not hold DANCE ZONE liable. I agree to abide by all DANCE ZONE policies/procedures presented in the Dance Zone 25-26 package/website. Signature of Parent/Guardian_____ Parent/Guardian (PLEASE ______ Date: _____/2025-2026 PHOTO RELEASE WAIVER I hereby consent to have (Name of student:)_____his/her photograph or video to be taken by DANCE ZONE or a subcontractor selected by DANCE ZONE in class or at any dance related event such as dance festivals, demos, recitals etc. I also consent to the use of my child's photograph on the DANCE ZONE website/social media, or any advertising/print material used by Dance Zone. It is further understood, and I acknowledge that no payment or other considerations in any form will become due to me, my child, our heirs, agents at any time because of my child's participation in any of the above activities or for the use of my child's photograph, video, or likeness. Date: _____/2025-2026 PARENT ACKNOWLEDGEMENT OF POLICES WAIVER Signature of parent/guardian to acknowledge that you have read, understand, and accept all polices and waivers included in this package and posted on our website. Parent/Guardian PRINT) _____ Signature of Parent/Guardian_____ /2025-2026 Date: In consideration of accepting entry for (Name of Competitor:) ______ I hereby, for myself, my heirs, executors and administration, waive, release any and all rights and claims for damages against MILLENNIUM DANCE PRODUCTIONS, and its agents, representatives, successors and assignees, for any and all injuries suffered by this competitor at or through the above mentioned event. I understand Millennium Dance Productions will not issue refunds or be held responsible for sudden cancellation or time lost due to extreme weather or any other extraneous circumstances. Millennium Dance Productions will not be held responsible for injuries, damage, and loss of stolen property over the duration of the competition. Millennium Dance Productions

will not be held responsible for any additional fees incurred (ie: Parking fees, Parking Tickets, etc.) by dancers,

Signature of Parent/Guardian

teachers, studio owners or any participants while attending one or more of the events.

Parent/Guardian PRINTI

Date:

_____/2025-2026