



**LIBERTY
DANCE**

THE HOLISTIC APPROACH
TO DANCE EDUCATION

www.libertydance.org (647) 567 – 1886 admin@libertydance.org

STUDIO LOCATION: 25 Liberty Street, Suite 200, Toronto ON M6K 1A6

MAILING ADDRESS 715-150 East Liberty Street, Toronto ON M6K 3R5

REGISTRATION: (Returning dancer –only name + updated contact info required)

Name of Dancer: _____

Birth Date: _____

Address: _____

Phone: _____

Email: _____

Special considerations

* Include any health-related conditions including respiratory issues and allergies:

Name of Parent/Guardian:

Address (if different from above):

Contact (if different from above):

(phone) _____

(email) _____

Emergency Contact:

Name/Relationship: _____

Phone/Email: _____

HYBRID GROUP CLASS (In-Studio or Online):

- PARENT & TOT (age 1-2) SUNDAYS 10:30-11:00am
 - May 8th May 15th May 29th
- CREATIVE DANCE (age 3-4) THURSDAYS 4:30-5:00pm
 - May 5th May 12th May 19th May 26th
- CREATIVE DANCE (age 3-4) SUNDAYS 11:00-11:30am
 - May 8th May 15th May 29th
- MINI BALLET (age 5-6) THURSDAYS 5:00-5:45pm
 - May 5th May 12th May 19th May 26th
- MINI HIP HOP (age 5-7) TUESDAYS 3:45-4:30pm
 - May 3rd May 10th May 17th May 24th
- JR-INTER HIP HOP (age 8-12) TUESDAYS 4:30-5:30pm
 - May 3rd May 10th May 17th May 24th
- JR-INTER ACRO (age 8-12) TUESDAYS 5:30-6:30pm
 - May 3rd May 10th May 17th May 24th
- JR-INTER JAZZ (age 8-12) THURSDAYS 5:45-6:45pm
 - May 5th May 12th May 19th May 26th
- JR-INTER STRETCH & MEDITATION THURSDAYS 6:45-7:30pm
 - May 5th May 12th May 19th May 26th

GROUP CLASS FEES (HST included):

CLASS DURATION	IN-STUDIO FEE	ONLINE FEE
30 min	\$18	\$14
45 min	\$21.50	\$17.50
60 min	\$24	\$20
75 min	\$28	\$23
90 min	\$32	\$26

PRIVATE & SEMI-PRIVATE CLASSES:

Appointments can be made through Michelle, if you'd like to schedule a class outside of the group classes offered. These classes can be in-studio or online. The fees outlined below are based on a private class with 1 dancer. For 2 dancers in a semi-private class, the fees below are split between the dancers attending.

LOCATION	90 min class	75 min class	60 min class	45 min class	30 min class
ONLINE	\$105	\$87.50	\$70	\$52.50	\$35
IN-STUDIO	\$225	\$187.50	\$150	\$112.50	\$75

METHOD OF PAYMENT: _____ CASH _____ E-TRANSFER _____ CREDIT CARD

Name on credit card: _____

Address/Postal Code: _____

Credit Card #: _____

Expiry: _____

Security Code (back of card): _____

REFUND POLICY:

Fees paid are non-refundable; however, if a special circumstance occurs it will be under the discretion of *Liberty Dance* to give a partial refund. Applicable doctor's note may provide a 50% refund in such cases of injury or illness. All classes paid for and missed will be kept as a credit on your studio account.

INTEREST CHARGES:

Fees are due the day of your registered class. Interest charges will be applied at 1% per day if payment is received after due date. For example, if you owe \$100 by Dec 1st, and you make a payment by Dec 5th, your total interest owed is \$4 added to your original payment.

Agreement of Release & Waiver of Liability:

I, _____, hereby agree to the following:
(Name of Participant or Guardian)

I understand participation in a dance class at *Liberty Dance* requires physical exertion causing strenuous activity, which may cause a risk or hazard to physical injury.

I understand it is the participant's responsibility to consult a physician prior to partaking in any class at *Liberty Dance* to recognize that there are no medical conditions present, which may prevent participation.

I understand that every class held at *Liberty Dance* is conducted in a safe manner by fully qualified dance instructors, and agree to take full responsibility for any risks, injuries, or damages that may occur as result of participation in class.

I will waive any claim I may have against *Liberty Dance* or its instructors for injury or damage that may occur as a result of participating in a class at *Liberty Dance*.

I have read and understand the studio policies, special considerations, refund and interest policy, terms, release, and waiver of liability, and fully understand its contents.

Date

Signature of Participant or Guardian

THANK YOU FOR YOUR SUPPORT!