

[www.libertydance.org](http://www.libertydance.org) (647) 567 – 1886 [admin@libertydance.org](mailto:admin@libertydance.org)

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

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

**(Returning dancer –include name + updated contact info)**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GROUP CLASSES:** CAPSUL STUDIO – 2ND FLOOR – UNIT 200

ADULT BALLET: (In-Studio/Online)

June 13th-27th, 2023

□ Tuesdays 5:30-6:30 (age 18+)

MINI-JR HIP HOP: (In-studio)

June 8th-22nd, 2023 (No class June 15th)

\*Attendance is mandatory in all classes for performance participation

□ Tuesdays & Thursdays 4:45-5:30pm

\*Thursday, June 22nd is the performance at the *Give Me Liberty Street Festival.*

Rehearsal starts at 4pm (*Capsul*). Performance at 5pm (*Lamport Stadium*).

\*Costumes TBD

INTER COMBO: (In-studio)

June 8th-22nd, 2023 (No class June 15th)

\*Attendance is mandatory in all classes for performance participation

□ Thursday, June 8th 5:30-6:30

□ Tuesday, June 13th 6:30-7:30

□ Tuesday, June 20th 6:30-7:30

□ Thursday, June 22nd performance at the *Give Me Liberty Street Festival.*

\*Rehearsal starts at 4pm (Capsul). Performance at 5pm (Lamport Stadium).

\*Costumes used from recital will be used again in this performance (acro & hip hop).

**GROUP CLASS FEES (HST included):**

|  |  |
| --- | --- |
| CLASS | FEE |
| Mini-Jr Hip Hop | $100 |
| Inter Combo | $112 |
| Adult Ballet | $84 |

**PRIVATE & SEMI-PRIVATE CLASSES:**

Appointments are available upon request, 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 |

**REGISTER FOR THE FOLLOWING CLASS:**

**□**

**METHOD OF PAYMENT:** \_\_\_\_\_ CASH \_\_\_\_\_E-TRANSFER \_\_\_\_\_CREDIT CARD

Name on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code (back of card): \_\_\_\_\_\_\_\_\_\_

**EARLY CANCELLATION:**

Registering for the term allows for one missed class that can be utilized for future credit. Classes missed beyond this amount will not be credited.

**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.

**INTEREST CHARGES:**

Fees are due on the deadline listed above. Interest charges are 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!