



# Miss Joelle's Performing Academy of Irish Dance Registration form

To register, completed forms and cheques can be brought in person to one of the registration times in late August OR to register for classes through mail, your completed forms and cheques can be sent to: Deborah Braden, 151 Cantree Place S.W., Calgary, AB. T2W 2K2

**Student information:**

Name (First and last) \_\_\_\_\_

Age \_\_\_\_ Birthdate \_\_\_\_\_ (this is to place students into age appropriate classes)  
Day/Month/Year

Address \_\_\_\_\_

e-mail \_\_\_\_\_

Home telephone number(s) \_\_\_\_\_

Please list any known allergies or any medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent(s) / Legal Guardian(s) information:**

Name(s) \_\_\_\_\_, \_\_\_\_\_

Work place address \_\_\_\_\_

Work number \_\_\_\_\_ Cell phone number \_\_\_\_\_

**Class registration:**

Desired location/ day(s) of the week (please circle):

South: Mondays / Thursdays

North: Tuesday / Wednesdays

**Medical action in case of emergency**

I \_\_\_\_\_ give permission for a First Aid Trained and Certified person to take  
(Parent / Legal Guardian)

appropriate medical action in the case of a medical emergency for \_\_\_\_\_.  
(Student's name)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated (Day/Month/Year)

**M.J.P. Academy of Irish Dance**  
**Waiver, Release And Hold Harmless Agreement**

I, \_\_\_\_\_, the undersigned, affirm that I am participating voluntarily  
(Name of participant)  
in dance class(s) at M.J.P. Academy of Irish Dance.

I (together with my parent or guardian, if I am under the age of eighteen or under a legal disability) represent covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under, or through me, as follows:

I acknowledge that participating in the above noted dance class(s) involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others.

I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity. These risks include, but are not limited to, the possibility of accident or illness while traveling to and from events as well as any injury, death, or property damage arising out of participation in the physical activity involved with this Activity. ***M.J.P. Academy strongly recommends that each participant have an annual physical examination and carry personal health and accident insurance.***

I waive all claims against M.J.P. Academy of Irish Dance, the Trustees of M.J.P. Academy of Irish Dance, and/or its or their departments, affiliates, employees, officers, agents or insurers (Released Parties) for any injuries, damages, losses or claims, whether known or unknown, which arise during or result from my participation in the Activity. I release and forever discharge the Released Parties from all such claims.

I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity.

I have carefully read and reviewed this Waiver, Release And Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

**EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**

**MINORS:**

Father/Mother/Guardian (Circle One)

**LEGAL AGE:**

\_\_\_\_\_  
Parent/Guardian Printed Name (if under 18)

\_\_\_\_\_  
Printed Name of Participant (if over 18)

\_\_\_\_\_  
Parent or Guardian Signature (if under 18)

\_\_\_\_\_  
Participant D.O.B. (Day Month Year)

\_\_\_\_\_  
Printed Name of MINOR Participant

\_\_\_\_\_  
Signature of Participant (if over 18)

\_\_\_\_\_  
Participant D.O.B. (Day Month Year)

## **MJP Fees – Payment must accompany this registration**

### **Please note:**

**-Cheques are payable to "Joelle Sheppard".**

**-There is a \$25.00 charge for all NSF cheques**

**-First and last months fees are due at time of registration and are non-refundable.**

I have included:

- Annual fees - One cheque for a full years tuition dated September 1

OR

- Eight post dated cheques dated for the 1st of every month (October 1 through May 1)
- One cheque dated for September 1 containing combined payment for September and June (First and last month's payment).

OR

- Cash payment (First payment):
  - Half a years tuition (5 months: September - December plus June) paid on September 1
  - Second payment: January-May (To be paid on January 1)

### **MJP PRICING:**

#### Regular:

One class (hour) a week: \$50.00 /month

One and a half hours a week: \$70.00/month

Two classes (hours) a week: \$90.00 / month

Two and a half hours a week \$110.00 /month

Three classes (hours) a week: \$125.00/ month

Four classes (hours) a week: \$155.00 / month

Unlimited classes: \$175.00 / month

#### Family pricing: (For families with more than one child enrolled)

One class a week each: \$45.00/ month/dancer

One and a half hours a week each: \$65.00/ month/dancer

Two classes a week each: \$85.00/ month/ dancer

Two and a half hours a week each: \$100.00/month/dancer

### **WITHDRAWAL POLICY**

Students wishing to withdraw from the studio must give written notice prior to the 1st day of the next month. Non-attendance is not considered proper notice.

**First and last month's fees are due upon registration and are non-refundable.**

### **REFUND POLICY**

First and last months fees are non-refundable. Refunds will not be given for days missed, due to absences, holidays, or weather-related closings. Credit may be given in the event of a medical emergency. Situations such as this will be considered on a case-by-case basis.

### **NSF CHEQUES**

\$25.00 will be charged for all NSF cheques

After two NSF cheques, the remaining balance for the year must be paid in cash following the guidelines above.