



Competitive: Studio Copy

LEVEL 1 GROUP: _____

Name of Student: _____

Students D.O.B.: Month ___ Day ___ Year ___

Parents or Guardian Name: _____

Address: _____

Phone Numbers: Home: _____ Business or Cell _____

**Email Address: _____

Alternate Contact (Relative): _____

Competitive Student Schedule:

JAZZ _____

TAP: _____ **MUS. THEATRE:** _____

HIP-HOP: _____ **LYRICAL:** _____

BALLET: _____

ACRO: _____

Classes Commence September 7th, 2021

Please Note the Following:

Fees are DUE on the first of every month. Applicable H.S.T. is included.

\$5 Late fee applies if not paid before the 15th of the month.

Cash or Cheques or E-transfer will be accepted on or before the first of the month.

September fees are due on or before the 1st day of classes. June will be for 2 weeks.

NO REFUND will be given for student's missing classes due to illness (including COVID-19 related illness) or holidays taken by the student. **NO REFUND** for classes cancelled due to snow days.

ALL CLASSES ARE SUBJECT TO CHANGE

MICKI'S DANCE CONNECTION INC. REQUESTS THAT ALL STUDENT'S LIMIT THEIR DANCE TRAINING TO ONE STUDIO.

MICKI'S DANCE CONNECTION INC. IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.

MICKI'S DANCE CONNECTION INC. IS NOT RESPONSIBLE FOR PERSONAL INJURY CAUSED TO A STUDENT.

ALL N.S.F. CHEQUES WILL BE CHARGED A \$30.00 HANDLING FEE.

I hereby give permission for images of my child, captured during regular & special dance activities through video, photo & digital camera, to be used solely for the purposes of Micki's Dance Connection Inc.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the WHO. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact.

MICKI'S DANCE CONNECTION INC, HAS PUT IN PLACE PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID-19. HOWEVER, MICKI'S DANCE CONNECTION CANNOT GUARANTEE THAT YOU OR YOUR CHILD(REN) WILL NOT BECOME INFECTED WITH COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Micki's Dance Connection.

Parent's Signature: _____ Staff Initials _____

Date: _____ Monthly Fee: _____ Receipt# _____