



## **Kids Registration Form**

Studio Address: 1501 11th Avenue Regina, SK S4P 0H3

			KIDS LESSONS 8-	-12						
September to June Dance Year										
a minimum 4 MONTHS is required.										
Latin Dance Lessons \$85/mth a four-month minimum enrollment is required. Jan-June can be paid in full or on a monthly basis.										
Г	1	a four-month minimum enrollme :Semester 1 4 months enrollment fee	\$357.00 tax included	be paid in full or d	Date:	SIS.				
		Semester 2 6 months enrollment fee:	\$535.50 tax included	□ paid	Date:					
	_	1 <sup>st</sup> month enrollment fee:	\$89.25 tax included	□ paid	Date:					
_		Montly Fees thereafter: \$	•	•	Dutc.					
	F	ayment is due the 1st of the month for th								
If payment is not received by the 1st of the month, you will receive a reminder notice to pay within 10 days. If payment is not received within 10 days, you (your child) WILL NOT be permitted to participate in dance class until account is paid in full.										
ıt payme	ent is	not received within 10 days, you (your chi	id) WILL NOT be permit	ted to particip	ate in dance	ciass until ac	count is pai	la in tuii.		
		Method	of Payment for Da	nce Classes						
Cash: Payment in	perso	n at the Regina Salseros Dance Class Office	•							
		e will be issued every month. ** Additiona	I fees will apply **							
etransfer: etranfe	rs car	be sent to admin@reginasalseros.com.								
Lunderstand and	Mill -	abide by the payment schedule above	and on the attached	nage I realiza	a that if I an	delingues	t in my na	ment for classes		
		ninder, and if full payment is not recei		J		•				
		and I understand that every means w						•		
		ild must withdraw from classes, a cred						Initials:		
,,		, , , , , , , , , , , , , , , , , , , ,			,					
Waiver of Liabil	lity									
l,			recognize a	ınd understa	nd the risks	of physical	injury inhe	erent to dance		
and dance trainin	g an	d I fully assume those risks. I hereby re								
liability for injurie	es sus	tained or illnesses contracted while at	tending or participati	ng in any dai	nce classes,	rehearsals,	workshops	s, or		
	-	to indemnify, defend, and hold harm	-							
judgments arising	g fror	n acts of omissions committed by me	or my child which resu	ılt in injury o	r damage to	any persoi	n or propei	•		
								Initials:		
Protection of Pr	rope	rty								
	_	e that it is my sole responsibility to saf			_					
	•	sses, rehearsals, workshops, or perfor	•	Ū				•		
•		oyees and dance teachers from all liab	,			•				
Studio.	s, wc	orkshops, or performances. I also agre	e to abide by any rule	s, regulation	s and polici	es set forth	by Regina	Initials:		
Studio.								IIIIIais		
Medical Attenti			de enima Damina Calasna	- Danas Ct	l: - + l					
	-	ry or medical emergency, I hereby aut a medical treatment facility as necessa	-				-	•		
		mergency, or if my child is under 18 ye								
		d below as my emergency contact(s) of	_	_				Initials:		
,			,		<del>= :</del>					
		of Waiver								

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the waiver and hold harmless agreement by reading it before I sign it. I understand that I signed this document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statements, have been made.

I further state that I am at least eighteen (18) years of age and am fully competent to sign this agreement. I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my or my child's participation in this activity, and that I will pay any medical costs that may be attendant as result of injury to me or my child.

Initials:\_\_\_\_\_\_



PLEASE PRINT CLEARLY		
Signature of Participant	Date	_
Printed Name of Participant		
Signature of Parent/Guardian (if under 18)	Date	
Printed Name of Parent/Guardian		
Home Address		
Phone Number	Email Address	
Emergency Contact (if different from parent)	Relationship to Participant	
Emergency Numbers (if different from number listed above)		
Please list any medical conditions, injuries, allergies, o	etc.	



## PHOTOGRAPHY AND VIDEO RELEASE CONSENT FORM

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## **Background**

Regina Salseros Dance Studio (RS) events, classes and/or rehearsals may be documented/recorded as an educational tool as well as for promotional and archival purposes. These recordings may be used in RS publications, social media sites, the RS website, and the media. By signing the following, parents/guardians, or participants (18 years of age and older) grant permission to RS and the media to take photographs, recordings and film footage and publish the same.

Consent			
I,guardian if participant is under 18 y statements of my child ☐ myself☐ agents for use in advertising, public	(check one) may be used by	Regina Salseros Dance Studio and	ngs and/or film and recorded
Release I agree and consent to the photograthe purpose of creating a record the its authorized agents/instructors ar incorporate the footage into other (whether by means of radio, televise)	at is available to RS and the and the formal the media to include the foregrams or not; to exhibit,	general public. I hereby authorize ootage with other footage and wi transmit, distribute, release and r	e Regina Salseros Dance Studio, ith sound effect and/or music; to
Participant's Name			
Participant's Signature (if 18 years of age or over)			
Parent/Guardian's Name (if participant is less than 18 years of	_ of age)		
Parent/Guardian's Signature (if participant is less than 18 years of	of age)		

Please print and return this completed form or email to **info@reginasalseros.com** If you have questions, please contact us at **info@reginasalseros.com**