



STEEL

School of Irish Dance Inc.

ADULT REGISTRATION 2020-2021

Last Name: _____

New Student

Returning Student

First Name: _____

Address: _____ City: _____ Postal Code: _____

Phone (H): _____ (C): _____

In case of emergency please contact:

Name: _____ Phone (H): _____ (C): _____

Email Address _____

(Please include an email for school correspondence, updates & announcements. Please print clearly)

2020-2021 POLICIES

- **Registration** Your registration will NOT be complete until the Registration package is completed, signed and the registration fee is paid. The registration package must be accompanied by the Registration Fee and full tuition payment plan.
- **Tuition** The first tuition payment will be collected on September 1, 2019. Tuition can be paid monthly or by each session (3 sessions). All credit card payments are subject to a 3% convenience fee.
- **NSF/Returned cheques** A \$25 fee will be charged for all NSF/Returned cheques
- **Withdrawal/Refunds** If you wish to withdraw from the studio, 30 days written notice must be given in advance of the next scheduled payment. You are considered registered at STEEL until written notice is received of withdrawal. After April 1, 2021, NO refunds will be given for withdrawals. There are no refunds given for classes missed. Refund/credit due to injury is given at any time when a written request is submitted along with a doctor's note.
- **Cancellations** In the event of cancellations due to weather, power outage or illness we will provide notification by email, facebook & our website.
- **Liability** I agree not to hold The Steel School of Irish Dance Inc. the directors, its instructors, associates and/or volunteers responsible for any loss, injury, accident, and/or liability that might occur as a result of the participant taking part in Irish dance classes, performances or activities. In the event of a medical emergency I, the undersigned, give permission to Steel School of Irish Dance Inc., its directors, instructors, associates and/or volunteers to seek medical treatment for the participant in the event they are not able to reach an emergency contact. I also agree that I will be responsible for any financial debt incurred by said action. I have declared on this form any physical/mental disabilities, limitations, restrictions or conditions and I further state that I am in good physical and mental health and am not restricted from any physical activities such as dance.

PROMOTIONAL

From time to time we will take pictures or record a Steel class or event. These pictures and recordings may be used for promoting the school. I give permission for my image(s) to be used by Steel for promotional purposes.

Yes No

I have read and understand all Steel School policies and procedures as listed above and agree to adhere by them.

Name: _____

Signature: _____

Date: _____ 2020

ADULT PAYMENT WORKSHEET

REGISTRATION

Adult Registration

\$20

TOTAL REGISTRATION DUE \$ _____

TUITION

Please tick whether you would like to pay monthly or by the session.

Monthly \$98 or Session \$254

Please tick the session(s) that you would like to register for.

Session 1 - September, October & November [Billed on September 1, 2020]

Session 2 - January, February & March [Billed on January 1, 2021]

Session 3 - April, May & June [Billed on April 1, 2021]

Payment Options (Please Check One)

Cheque:

Please make all tuition payments payable to "Steel School" and postdated for the first (1) of the month upon registration.

Credit Card:

Visa Mastercard AMEX

Credit Card #: _____ Exp. (mm/yy): _____ CVV: _____

MEDICAL FORM

Please only fill this form out if the student participating in classes has a medical condition that the instructor should be aware of. Please inform Steel School if any medical information changes.

Name: _____

Allergies: _____

Current Medication: _____

Family Physician: _____

Physician Phone: _____

Please list any physical limitations, injuries or weakness that may affect the student:

If the student has a condition which may require special attention, please list the directions below.
(Such as use of inhaler/Insulin/etc.)

Signature: _____

Date: _____ 2020