



APT & Teen Dance Program Registration 2022/23

Student First Name: _____ Student Last Name: _____

Birthdate: _____ Pronouns: _____ Name of School _____ Grade in Sept: _____

Parent First Name: _____ Parent Last Name: _____

Address: _____ City: _____ Postal code _____

Home Phone: _____ Email: _____

Cell: _____

Agree to Receive Emergency Text Messages? Service Carrier: _____

(service carrier Must be Provided) Yes No

List any medications, allergies, physical, emotional, learning needs that we should be aware of?

_____ List all persons authorized to pick up your child (include yourself). Note: Photo ID may be required.

- Teen Friday Ballet & Modern: Sat 10:30 – 1:30 Q7 \$2970
- Teen Ballet: Wed 7:30 – 9:00 GI \$1680
- Teen Full Program: Wed / Sat GI & Q7 \$4250
- Hip Hop (12-15 yrs): Tues 5:30 – 7:00 Q7 \$1610
- Tap (10 – 17 yrs): Tues 7:00 – 8:30 GI \$1010
- Tap (10 – 17 yrs): Sat 4:00 – 5:30 GI \$1010
- Musical Theatre Intensive Level 3 w Ballet \$3120
- Musical Theatre Intensive Level 3 incl Broadway \$3960
- Jazz Musical Theatre Intensive Level 4 w Ballet \$3120
- Dance for Musical Theatre Intensive: Sat 3:00 – 4:00 GI \$1290
- Dance for Musical Theatre Troupe: Fri 4:00 – 5:30 GI \$1290
- APT Junior Program \$6050
- APT Elementary Program \$7070
- APT Intermediate Program \$8060
- APT Senior Program – No Repertoire \$6040
- APT Senior Program includes Repertoire \$8060

Fees include: Tuition, Uniform (Girls: leotard, & tights, Boys: t-shirt and tights) Recital Costume(s), Recital Video, 2 Recital Tickets, 2 Company Season Finale Tickets

Method of payment: Visa, Mastercard, AMEX, cheque, cash accepted

- Full Payment
- 30% deposit & 5 monthly installments to be auto-charged Oct 5 – Feb 5
- Bursary Application * provide cc details below. Submit completed application. Applicants will be notified before being charged.

Card # _____ Expiry _____ / _____ CVV _____

Cardholder name: _____ Signature for authorization: _____

Withdrawal and Refund Policy for year-long programs.

- Arts Umbrella will refund the balance less \$100 administrative fee when a written request is received 2 weeks before the program commences.
- Arts Umbrella will retain 30% of program fees when a written request is received after the program start and before **September 30**.
- Arts Umbrella will retain 50% of program fees when a written request is received after **October 1** and before **December 1**.
- No refund will be issued after **December 1**.

Requests for withdrawal must be forwarded in writing to the attention of the Registrar. Non-attendance or non-payment of outstanding fees does not imply a formal withdrawal. Arts Umbrella will issue any eligible refund within thirty (30) days of receiving written notice.

In the case of illness or injury, a pro-rated refund may be issued when accompanied by a physician's note.

Students missing more than 4 weeks due to an injury is asked to speak with the Artistic Director, Dance.

Arts Umbrella reserves the right to remove any person who fails to comply with its rules and regulations or who engages in any activity the Directors deem contrary to the fulfillment of Arts Umbrella's objectives. In such an event, Arts Umbrella will be owed total program fees and bursary recipients will be asked to reimburse the full value of that year's bursary.

Arts Umbrella reserves the right to cancel classes as required, in which case refunds would be issued.

Required Waivers

FOR IN-PERSON CLASSES

AU General Liability: As a parent/guardian of a minor ("the Student") or as a student 19 years or older (also "the Student"), who will be participating in an Arts Umbrella program ("the Program"), I have read and understood the information regarding the Program. I acknowledge that Arts Umbrella cannot be held responsible for student conduct before or after the Program class(es).

Participant: In consideration of the Student's participation in the program, I hereby release and discharge Arts Umbrella Association ("the Organization"), and its representatives, successors, and assigns, from any and all liability arising from accident, injury, and illness that the Student may suffer as a result of the Student's participation in this activity. I will ensure the Student follows the rules and regulations set by the Organization and above named parties.

Privacy: Arts Umbrella gathers and maintains personal information for the purposes of program registration and communication about Arts Umbrella activities. Activities include advising you of fundraising initiatives, programs, services, special events, open houses, exhibits and/or performances. Arts Umbrella respects your privacy. Any information you provide to Arts Umbrella will be used and stored in compliance with British Columbia's Personal Information and Protection Act (PIPA). Arts Umbrella will not disclose your information without your consent and does not rent, sell or trade personal data about you to third parties.

Image and Likeness: For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to Arts Umbrella and any employees, agents, licensees and assigns of Arts Umbrella, the absolute right and permission to use and re-use, in whole or in part, my name, voice, image and likeness, as well as any recording, soundtrack, artwork, film or footage in which my name, voice, image or likeness appear. Such videos and artwork may be taken, filmed or made by or for Arts Umbrella for use in any and all media worldwide in perpetuity, for any and all legal purposes, including advertising or promotion of or for Arts Umbrella, without further payment or notice to me.

I also consent to any modification, alteration, distortion, blurring or optical illusion of the materials produced and their use in composite form or in conjunction with any other matter or material, service, product or sponsor. I waive any claims for defamation or invasions of privacy for any use of the materials produced during the course of this Program and associated events, and I further consent, acknowledge and agree that Arts Umbrella is the sole owner of all intellectual property rights in and to the materials produced during this Program/associated events, the videos and all film, footage, recordings, soundtracks, images and reproductive product however created, related to, arising out of, or in respect of the materials.

I am of legal age of majority and have the right to contract in my own name. I have read this release prior to signing, and I am fully familiar with the contents thereof. This release shall be binding upon me, and my heirs, legal representatives, successors and assigns, and you may rely on this release.

OR

I represent and warrant that I am the father/mother/guardian of Student name below, and have legal authority to execute this agreement and I hereby consent to the foregoing on his/her behalf.

Signature of participant 19 or older: _____ Date: _____

Health Declaration

I understand and agree that my child is not permitted to attend class if they are exhibiting any symptoms of a cold, flu or COVID-19, such as fever, cough, shortness of breath, sore throat and difficulty swallowing, coughing or sneezing, or other symptoms as described by the Public Health Agency of Canada, the BC Ministry of Health and BC Centre for Disease Control, or is required to self-isolate. A student that attends an Arts Umbrella class with these symptoms will not be permitted in the facility.

Initial: _____

Permission to Leave the Premises

Arts Umbrella is not responsible for students before or after class time. In order to provide a safe learning environment all Dance students are required to remain under adult supervision once dropped off. Students wishing to leave the premises during their study /meal break must be picked up by a responsible adult or guardian whose name appears on their authorized pick-up list. Should you wish to grant permission for your child to leave the premises during the meal break unaccompanied by an adult please indicate below.

“I hereby authorize my child to leave the Arts Umbrella premises at meal break on his/her own accord.”

AGREE

DISAGREE

Signature of guardian _____ Date: _____