



Student Information

☐ Male ☐ Female

First Name: _____ Family Name: _____

Date of Birth: _____ Age: _____
(dd/mm/yyyy)

Primary Parent/Guardian Name: _____

Address: _____
(Permanent Mailing)

City: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Email: _____

Secondary Parent/Guardian Name: _____

Address: _____
(Permanent Mailing)

City: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Email: _____

Emergency Contact (other than parent/guardian)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

How did you hear about us? _____



Program Registration:

All classes run from September 12, 2016 to June 11, 2017.

Please mark your selection in the right column:

Program Name	Day/Time	Annual Tuition Fees	Selection
Twinkle Tots (3 yrs)	Saturdays 9:00am – 9:30am	\$515.00	<input type="checkbox"/>
Kinder Ballet (4 yrs)	Saturdays 9:00am – 9:45am	\$670.00	<input type="checkbox"/>
Pre-Primary Ballet (5 yrs)	Saturdays 9:45am – 10:30am	\$670.00	<input type="checkbox"/>
Primary Ballet A (6 yrs)	Mondays 3:45pm – 4:45pm	\$825.00	<input type="checkbox"/>
Primary Ballet B (6 yrs)	Saturdays 9:45am – 10:45am	\$825.00	<input type="checkbox"/>
Youth Ballet (8 – 12 yrs)	Saturdays 1:00pm – 2:15pm	\$825.00	<input type="checkbox"/>
Teen Ballet (13 – 18 yrs)	Tuesdays 7:30pm – 9:00pm	\$1030.00	<input type="checkbox"/>
Boys Can Dance (8 – 11 yrs)	Fridays 4:00pm - 5:00pm	Free	<input type="checkbox"/>
Optional Classes			
Jazz A (for Youth Ballet)	Saturdays 12:00pm – 1:00pm	+ \$500.00	<input type="checkbox"/>

All tuition fees include the recital costume other than Twinkle Tots, Teen Ballet and Youth Ballet who do not participate in recital.

Students must be the age listed by September 12, 2015.

Class dates and times are subject to change up until October 2016

Payment Information

Discounts:

- ☐ Early-bird Discount (register before June 12, 2016) – 10%
- ☐ Sibling Discount (multiple siblings enrolled) – 10% off sibling with lesser tuition amount
- ☐ Optional Class Discount (enrolled in 2 or more optional classes) – 10%

Please note that all discounts cannot exceed 20% prior to June 12, 2016 and 15% after June 12, 2016.



Payment:

Non-Refundable Registration Fee: \$30 Annual Tuition Fees: _____

Discount(s): _____ Total: _____

Payment Details

Payment Frequency:

☐ Full Payment

☐ Monthly payments*

** Post-dated cheques or credit card only. Fees for September/June and Registration due upon registration. Following monthly payments charged on the 15th of each month, October to May.*

Tuition is due in full at the time of registration. However, in an attempt to make tuition payments more convenient for families, VAB parents or students may be eligible to arrange a monthly payment option with the school. These payment methods are available only to families whose accounts are in good standing and who do not have a history of missed or NSF payments. Tuition owing from previous years or terms are payable before registration is permitted for the following year or before student can continue in the second term.

Payment method:

☐ Cheque

☐ Cash

☐ Visa/Mastercard

Please make all cheques payable to Victoria Academy of Ballet

Credit Card Information:

Credit card number: _____ Expiry date: _____

Name as it appears on card: _____

Signature of Cardholder: _____



Medical Authorization and Release

Medical Conditions and Allergies: _____

Current Medications: _____

Musculoskeletal Injuries (Past or Present): _____

MEDICAL INSURANCE IS MANDATORY IN CANADA and mandatory for participation in Victoria Academy of Ballet ("VAB") programs. Participants in VAB programs, or their guardians, must assume the risk of injury associated with participation in rigorous physical activity programs, including but not limited to slips, falls, incidental contact, and any injuries, damage, and expenses resulting there from. By participating in a VAB program, I hereby assume said risk and release VAB and its officers, directors, employees, contractors, agents, students, host families, affiliates, and assigns from liability for injury, damage, medical expenses, other expenses, and costs, however arising.

All students are responsible for ensuring that they have and maintain medical coverage either with British Columbia or their home province.

_____ (student name) has a personal health number of _____ in the province of _____.

I, _____ (student name) authorize VAB or its representative to authorize necessary medical treatment for me if I am unable to give authorization and consent at the time. If _____ (student name) is a minor and I, _____, the parent and/or guardian of _____ (student name) cannot be contacted or reached in a timely manner to authorize medical treatment, I hereby authorize VAB or its representative to authorize necessary medical treatment for _____ (student name) where such treatment is recommended by hospital staff or a physician.

If there are treatments which I am not willing to authorize under any, including potentially fatal, circumstances, those treatments are (attach separate sheet if necessary):

- 1.
- 2.

If VAB authorizes treatment under the foregoing authorization, I hereby release VAB and its officers, directors, employees, contractors, agents, students, host families, affiliates, and assigns from liability for injury, damage, medical expenses, other expenses, and costs, however arising.

This authorization and release shall be valid for the full duration of the student's participation in any Victoria Academy of Ballet program.

Signature of guardian (if student is a minor)



Privacy Policy

All personal information provided by dance students and /or parents is strictly confidential and will be shared only with VAB staff as required.

Terms & Conditions

- Any fees are non refundable.
- VAB accepts no responsibility for any loss or damage to the personal belongings or property of VAB students.
- If the applicant is under the age of 19 years, the application must be signed by the parent or legal guardian.
- Students must comply with the policies, procedures and rules of VAB. Failure to comply with any of such policies, procedures and/or rules of VAB may result in dismissal.

Parental Agreement

- I give permission for my child to take part in all programs sponsored by the VAB. This includes school field trips, and recreational activities organized by VAB Program staff.
- In case of serious infractions of program rules as outlined in the Student Agreement for VAB, I understand that my child may be asked to leave the program. In this situation, I understand that there will be no refund of program fees.
- I understand that Canada is a multi-cultural country and that customs and traditions of families may be different from my own. I understand that discrimination, based on race, philosophy, or religion is illegal in Canada.
- I hereby waive and release and absolve and agree to indemnify VAB, the Host Family, and all Program employees and contractors, from all liability arising from my child's participation in the program.
- I permit VAB to use photographs or images of my child in promotional materials.
- I permit VAB to contact me via email.
- We/I understand that in order to teach and correct dance movement and technique, physical contact between the student and teacher is necessary. Such contact is consented to by the student and/or the parent/guardian. VAB ensures that such contact is applied in a professional manner and is required for dance correction and instruction.
- I have read and agree to abide by all policies as laid out in the VAB General Studio Policies document.
- I hereby release VAB and its officers, directors, employees, contractors, agents, students, host families, affiliates, and assigns from liability for injury, damage, medical



expenses, other expenses, and costs, however arising, in relation to my child's participation and involvement with VAB

By signing this Application, we hereby attest to the accuracy of the information provided herein, and agree to all terms and releases and give all authorizations contained herein

Authorization, Verifications and Signatures

A. We acknowledge that if our child's personal, educational or homestay needs are greater than those disclosed in the application process, the VAB has the right to charge for extra support if available, or to send the student home at the parent's expense.

B. We are aware that any inaccuracy in this application or the deliberate withholding of essential information will be grounds to permit VAB at its option, to terminate this agreement and send the student home at the parent's expense.

C. The agreement between the school and the parents of a student in the program will be interpreted in accordance with the laws in the province of British Columbia and any litigation involving interpretation of the agreement will be conducted in British Columbia, Canada.

D. I/we understand and acknowledge that the VAB refund policy is as follows:

- (a) Students leaving the program for whatever reason after their program start date are not entitled to a refund unless due to a medical condition and accompanied by a doctor's note.
- (b) Students who are asked to withdraw due to a violation of school or program rules will receive no refund.

By signing this Application, we hereby attest to the accuracy of the information provided herein, and agree to all terms and releases and give all authorizations contained herein.

Name of Student

Signature of Student

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Victoria Academy of Ballet 716 Johnson Street, Victoria, BC V8W 1N1

Mail: 8731-700 Yates Street, Victoria, BC V8W 3S3

Phone: 250-590-6752 Fax: 250-590-6851

Email: admin@victoriaacademyofballet.ca Web: www.victoriaacademyofballet.ca



Victoria Academy of Ballet Scholarship Society

The Society is incorporated and has Charitable Status for income tax purposes with Revenue Canada. All donations are gratefully received and are tax deductible. The goals of the Society are to provide deserving Canadian and Permanent Resident dance students with scholarships and bursaries to assist with the cost of their dance education as well as providing exposure to dance productions and events.

Because of the recent Federal laws regarding spam, we must have your written permission to contact you by email occasionally about Society business or events. This could include such announcements as:

1. Information about scholarship and bursary applications and due dates
2. Events for fund raising activities such as the Xmas Holly Sale or Recital Flowers
3. Information about ticket draws or contests sponsored by the Society

Circle as applicable (please print) I, _____ **agree** OR **do not agree** to receive announcements by email from the Victoria Academy of Ballet Scholarship Society.

Date: _____ Name: (signature) _____

Email: _____

Thank you, VABSS Communications Committee

