



SAC #: _____ Reg. Date: _____

***South-East School of Dance* Registration Form**
All Dance classes run 25 weeks: September 12 – April 21, 2012

Student's Name _____ Parent/Guardian _____

Address _____ Town _____ Postal Code: _____

Primary Phone _____ Secondary Phone _____ D.O.B _____ MM/DD/YEAR

Email _____ Age (if under 18) _____ as of Dec/11

Dance experience yrs _____ type of dance _____ How did you hear about the programs? _____

Personal information will not be shared, traded, or sold to any third parties. SAC reserves the right to use this information for statistical, mailing, and membership purposes. Upon signing, permission is given to use name and/or pictures for promo purposes. _____ Initials

Class Name	Day and Time

<p>Class Fees: ½ hr - \$115; ¾ hr - \$170; 1 hr - \$215</p> <p>Advisory Committee Discount – 50% off class fee only</p> <p>10% off – Bring a Friend (First Time)</p> <p>Extra 5 % off – 1 Full Payment</p>	<p>_____</p> <p>less _____ = _____</p> <p>less _____ = _____</p> <p>less _____ = _____</p> <p>1st Pymt Plan amnt: _____</p>
<p>Costume: \$50 per class</p> <p>SAC Membership Fee: \$15/20 indiv; \$30/35 family</p> <p align="center">Add \$25 Volunteer Waiver; if paid out Add \$50 Fundraising Waiver; if paid out</p>	<p>_____</p> <p>_____</p> <p>TOTAL: _____</p> <p>_____</p> <p>All Paid Out Total: _____</p>

Payment Plan: QB Invoice #: _____

Class Subtotal line only divided by 2 or 4 pymts

2 pymts: Today & Dec 1 _____ x1
pymt amt

4 pymts: Today, Oct1, Nov1, Dec1 _____ x3
pymt amt

For Office Use Only:

OB Receipt # _____ Date: _____ Other Name: _____

Method of Payment: Cash _____ Chq _____ Visa _____ MC _____ DB _____ Other Amount: _____

Reg Sheet: Yes _____ No _____ Correlate: Yes _____ No _____ Membership: Yes _____ No _____

Any behavioral concerns the instructor should be aware of? Yes ___ No ___ if yes please specify

Allergies & Medication (attach extra sheet if needed): _____

WAIVER

I, the undersigned, understand that participation in any Steinbach Arts Council (SAC) activity involves a risk of accidental injury despite all safety precautions. Therefore, as a parent and/or guardian, I will assume all risks (injury or illness) for my children and family members that may occur during participation in any program activities held onsite at the Steinbach Cultural Arts Centre, or held offsite from these premises or while in any use of the facilities at the Steinbach Cultural Arts Centre. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's or myself health and safety. I understand medical expenses are my responsibility. By signing this form, I acknowledge that I am aware of the potential risks for participating in activities and programs of the SAC and agree to in no way hold the management, agents, or employees of the SAC liable for any injury that my child or myself may sustain. I understand that all personal information and any medical information, is confidential and for use of SAC staff only, and will not be released for any other purposes without my consent.

I agree to allow myself or my child's photographs and/or quotes from Steinbach Arts Centre Programs to be used for future promotional purposes. I have read, understood and agree to the above statement.

Student Name (please print)

Parent/Guardian (please print)if under 18

Date

Parent/Guardian Signature

1. Fundraising:

In order to keep costs low, SESD does fundraising. I agree to participate in the fundraiser and sell the minimum amount (eg. Sobeys, sell \$500) or SAC may cash my \$50 fundraising cheque.

Parents/Guardian Signature

Print Name

Cheque # Dated Nov 1, 2011

2. Volunteer Duties: Chosen Duty: _____

SESD requires your participation as a volunteer. I agree to volunteer (a 4 hour shift approx) or if I do not fulfill my volunteer duties, SAC may cash my \$25 fundraising cheque.

Parents/Guardian Signature

Print Name

Cheque # Dated April 1, 2012

These are the duties that you can choose according to your preferences:

Advisory Committee: Require you to give more time as you must have monthly meetings of 1hr and will be fully involved with all calendar activities in our Dance School (You will get 50% off you class fees)

Festival: Some of our groups participate in a yearly event held here in MB. You will be supervising kids and helping with costumes or make up.

Classroom Supervision: During our final recital, the dancers must wait behind stage before they perform. We need parents to supervise those classes.

Fundraising: Handing out envelopes for fundraiser and collecting them back, sometimes collecting data.

Promotions: Dropping brochures

Costume Sewer: Some of our costumes must be sewed as the instructor has special requests.

Flower Sales: Selling flowers during the recital.

Ushers: Helping people during recital to find their seats and handing out programs

Costume Buyer: Find and buy required costumes for final recital.

Ticket Sales: Selling tickets during the final show

Set up/Take Down: Helping with stage decoration, setting up cafeteria for children and tables for sales.

Backstage Assist: Communicating with sound & light crew, coordinating music and order stage performance.

3. SAC Friendly Refund Policy: NO REFUNDS AFTER OCTOBER 8, 2011

Try it for 3 weeks...if it's not for you...money cheerfully refunded less a \$20 administration fee.

Memberships are not refundable. Classes with insufficient numbers will be cancelled and all monies refunded.

NSF charges \$20 will apply.