



Phone: 780 - 645 - 2781
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Mail to: Box 1775
St. Paul, AB
T0A 3A0

2021 - 2022 REGISTRATION FORM

ACCOUNT HOLDER

Parent/Legal Guardian/Student - must be 18 years of age or older)

FIRST NAME LAST NAME

CELL PHONE HOME PHONE

EMAIL

ADDRESS CITY PROVINCE POSTAL CODE

STUDENT

FIRST NAME LAST NAME

(MONTH) _____ (DAY) _____ (YEAR) _____
DATE OF BIRTH GENDER

PHONE EMAIL

HEALTH CONCERNS/PREVIOUS INJURIES

EMERGENCY CONTACT NAME PHONE NUMBER RELATION TO STUDENT

ARE YOU INTERESTED IN COMPETITIONS*? YES NO IF YES, YEARS OF EXPERIENCE _____

*ADDITIONAL FEES WILL APPLY

ARE YOU INTERESTED IN PRIVATE LESSONS OR SOLOS? YES NO

*HOURLY RATES APPLY

HOW DID YOU HEAR ABOUT US? FACEBOOK WEBSITE WORD OF MOUTH OTHER

CONTACT ME REGARDING NOTIFICATIONS AND UPDATES? YES NO

REGISTRATION

1.	_____	_____	_____
	CLASS NAME	LOCATION	COST
2.	_____	_____	_____
	CLASS NAME	LOCATION	COST
3.	_____	_____	_____
	CLASS NAME	LOCATION	COST
4.	_____	_____	_____
	CLASS NAME	LOCATION	COST

TOTAL TUITION \$ _____

MONTHLY \$ _____

MEMBERSHIP FEE \$ 25.00

DISCOUNT \$ _____
(IF APPLICABLE)

GRAND TOTAL \$ _____

Fees

Fees can be paid monthly by cash, cheque (post-dated for the first of each month for the duration of the term), paypal, or e-transfer. The first month's tuition for each student along with any other fees associated with said classes are due at the time of registration.

Flexible payment options may be available by emailing mpdowntownartsstudio@outlook.com. Student's tuition must be paid by the year end showcase in May. Failure to do so will result in the inability to register for further programming.

Membership is open to any individual interested in furthering the objectives of the Foundation. Each member in good standing is entitled to one vote on all motions proposed at the Annual General Meeting and at any Special Meeting. Membership entitles all family members associated with the Account Holder to enrol in our full-term and 8 week programs. Members also have access to discounts and advance notice for events. Memberships expire annually on July 31 of each fiscal year end and are non-refundable.

Additional Fees: Certain programs may be required to pay a costume rental fee of \$40 per costume. This fee will be announced and collected prior to the performance dress rehearsal dates. Successful and undamaged return of the costume will result in a \$20 refund per costume.

PAYMENT TERM

FULL TERM

MONTHLY

KIDSPORT/JUMPSTART

REGISTRATION PAYMENT

AMOUNT PAID: _____

DATE: _____

Cash

Paypal

Cheque, Number _____

E-transfer

Required Policies & Agreements

General

I understand that:

- it is my responsibility to ensure that the instructor is in the building when dropping of my student(s) prior to class.
- To withdraw from a class, an email or letter must be written to the board. Verbal notice to instructors or board members is not sufficient, and tuition will compound should there be a failure to withdraw properly. Withdrawal notice not received by the 15th day of the month prior to withdrawal will result in normal charge of tuition fees for the following month.
- No food or drinks (other than water) are allowed in the dance studios.
- Shoes must be removed at the entrances to prevent degradation of the studio spaces.
- Attendance is important. Instructors plan material for all participants to be included; absences affect the entire group. Students with more than 3 absences without a doctor's note or other noted extenuating circumstance, or students that miss the dress rehearsals may be pulled from the Nutcracker or year end performance, at the discretion of the instructor(s)
- Parents are not permitted to videotape or photograph their children during instructional time, unless otherwise permitted by the instructor. Do not put these videos on Facebook or other social media to protect the children's privacy and the instructor's choreography.
- If any issues or disagreements with instructors, board members, other parents, or anyone within a St. Paul & District Arts Foundation sanctioned event occur, you have a responsibility to bring forth the issue to the board via email or letter. Disparaging remarks or public criticism within the foundation or at any events will not be tolerated and may result in termination of the program for you or your child/ward.
- Parent involvement is essential for the smooth operation of the programs. Parents should attend meetings, check our website, Facebook page, and monitor texts or emails regularly to keep informed regarding classes, performances, and festivals.
- If I/my child(ren) exhibit(s) inappropriate behaviour, I/my child(ren) may be removed from the class. I agree to partner with instructors and the St. Paul & District Arts Foundation board to resolve behavioural issues immediately so I/my child may return to class promptly.

I have read the general policies above and agree (please check the box).

Freedom of Information and Protection of Privacy Act (FOIP)

- I/we hereby acknowledge and agree that the information requested on these registration forms was provided by me and will be used by the St. Paul and District Arts Foundation Board, its programs, and/or Instructors to contact me regarding matters related to my/my child(ren)'s classes, rehearsals, and performances. I/we acknowledge that I/we may advise the Foundation in writing that I/we do not wish this information to be used in any way, however this may result in my/our not being informed of matters relating to my/my child(ren)'s classes, rehearsals and performances.
- I/we hereby acknowledge and agree that my/my child(ren)'s name, photo and or likeness may appear in print or video material the St. Paul and District Arts Foundation/its programs may sell and/or use in advertising. I/we also acknowledge that I/we may request my/my child(ren)'s name, photo and/or likeness not be used but such a request may result in my/my child/(ren)'s exclusion from events that could result in their name and/or likeness being used.
- I/we hereby agree that the above waiver is intended to meet whatever requirements may be in existence pursuant to the Freedom of Information and Protection of Privacy Act.

I have read the FOIP policy above and agree (please check the box).

Waiver and Release - St. Paul and District Arts Foundation

Assumption of Risk

In consideration of my/my child/ren being allowed to participate in the St. Paul & District Arts Foundation programs and related facilities, I/we hereby agree and acknowledge the following:

1. Assumptions of risk – I/we hereby acknowledge, accept and agree that participating involves inherent risks. I/we have received full information and opportunity to see the building/studio and ask any questions that I/we wished. I/we have full knowledge of the nature and extent of all the risks associated with participating.
2. Release – I/we hereby release and discharge the St. Paul and District Arts Foundation, it's owners, affiliates, agents and employees and their successors and assigns, from any and all liabilities, suits, claims and demand actions or damages (including Attorney's fees and disbursements) incurred by me/my child/ren arising out of participation in the building, including, without limitation, all claims for property damage, personal injury, or wrongful death, except to the extent that such loss or damages are caused by or resulting from the gross negligence of any such party. This release is binding upon my heirs, assigns and agents.

I have read the waiver and release above and agree (please check the box).

Indemnification

I/we hereby agree to indemnify and hold harmless St. Paul and District Arts Foundation, it’s owners, affiliates, agents and employees and their successors and assigns from any and all cause of actions, claims, demand losses, and costs of any nature whatsoever arising out of or in any way relating to my participation in the building, except to the extent that the same is caused by or results from gross negligence of any such party. This indemnification is binding upon my heirs, assigns and agents.

I have read the indemnification statement above and agree (please check the box).

COVID-19

I/we understand and agree that even with social distancing and sanitization protocols, there is a possibility of contracting the SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) virus which can lead to the COVID-19 (coronavirus disease) while attending St. Paul & District Arts Foundation classes. I/we voluntarily agree, therefore, to assume all risks and responsibility of contracting the SARS-CoV-2 virus, which me or my child/ward may contract during any of St. Paul & District Arts Foundation classes, rehearsals, performances, or activities. I also exempt and release the St. Paul & District Arts Foundation classes and its owners, employees, assistants, volunteers, guest artists, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with SARS-CoV-2 and COVID-19.

I agree and give full consent to active symptom screenings for my child which may include a temperature check. I understand and agree that I will not send my child to the St. Paul & District Arts Foundation classes if they are sick even if symptoms resemble a mild cold. Symptoms to look for include fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.

I understand and have made my child/ward aware that they are to inform the St. Paul & District Arts Foundation immediately should any of the above-mentioned symptoms develop while at the St. Paul & District Arts Foundation classes. Should this occur I understand my child will be isolated until they are picked up by a parent or guardian. I understand it is my responsibility to ensure my child is picked up immediately when notified.

I understand and agree that CMOH Order 05-2020 legally obligates individuals who have a fever, cough, shortness of breath, sore throat, runny nose (that is not related to a pre-existing illness or health condition) to be in isolation for 10 days from the start of symptoms or until symptoms resolve, whichever takes longer.

I have alerted the St. Paul & District Arts Foundation of any and all medical conditions and allergies of my child. I understand it is especially important to alert the St. Paul & District Arts Foundation classes of any health conditions my child has which may cause similar symptoms of SARS-CoV-2 and/or COVID-19. These health conditions and symptoms include but are not limited to a cough and/or shortness of breath due to asthma or exercise induced asthma, and/or a sore throat, runny nose and/or nasal congestion due to severe seasonal allergies.

If I am signing this waiver for my child or children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I have read the COVID-19 statement above and agree (please check the box).

I/we accept full responsibility for my/our own safety while participating in the St. Paul & District Arts Foundation. I/we agree to abide by and enforce all policies.

1. All guests and students must be familiar with the St. Paul & District Arts Foundation policies, and must have signed and filed this form with the St. Paul and District Arts Foundation to be allowed to participate in the Foundation’s activities.
2. As part of this agreement, I/we agree to pay all applicable fees and payments as outlined above.
3. As part of this agreement, my consideration and participation in St. Paul & District Arts Foundation activities, I/we acknowledge with the following signature that I/we have read and agree to abide by the terms of this waiver.

Signature of Account Holder

Date