



BOSWELL DANCE ACADEMY

APPLICATION FOR ENROLLMENT 2023-2024

I, (the undersigned) have read and hereby AGREE to the terms and regulations as stated in the Academy's brochure for the duration of this enrollment school year.

STUDENT Name _____

Address _____

Postal Code _____ Date of Birth: D ___ M ___ Y _____

Tel. _____ Cell: _____

Email _____

Parent 1/Guardian Name _____

Parent 2/Guardian Name _____

Parent 2 Cell/Email: _____

Signature of Parent/Guardian _____

(* Please also sign the Waiver below)

For Office Use Only

Reg. Fee \$ _____ Chq# _____

QP: \$ _____ + \$ _____ GST = \$ _____

Q1 _____ Chq# _____

Q2 _____ Chq# _____

Q3 _____ Chq# _____

Q4 _____ Chq# _____

MP: \$ _____ + \$ _____ GST = \$ _____

Sep _____ # _____ Feb _____ # _____

Oct _____ # _____ Mar _____ # _____

Nov _____ # _____ Apr _____ # _____

Dec _____ # _____ May _____ # _____

Jan _____ # _____ Jun _____ # _____

For Office Use Only

CLASSES:

Total Hours: _____

For Office Use Only

CLASS COSTUMES:

\$ _____ Chq# _____ \$ _____ Chq# _____

OTHER COSTUMES:

\$ _____ Chq# _____ \$ _____ Chq# _____

RAD EXAMINATION

Grade Level: _____ \$ _____ Chq# _____

COMPETITIVE Contract Signed _____

Groups _____ BL / JZ / LYR / HH / TP / MO / AC

Comp GROUP Entry Fees (Total: \$ _____)

\$ _____ Chq # _____ \$ _____ Chq # _____

No. of Solos _____ / Duo _____ / Trio _____

S/D/T Coaching Fees: \$ _____ Chq # _____

*ACTIVITY WAIVER & PUBLICITY RELEASE

I, the signing parent recognize that dance classes require physical exertion which may be strenuous and may cause physical injury.

I am aware of this risk when registering my child and release Boswell

Dance Academy and its faculty from any liability of injury that may occur as a result of participating in classes.

I understand and allow that dance photos/video footage of the student/s enrolled above may possibly be used in studio related media/publication.

Parent Signature: _____