

MARITIME THEATRE SCHOOL

Registration 2024-2025

How did you hear about us? Returning Student Referral Name _____ Web Page Billboard Birthday Party Other

Student Name (First and last)		Class Level Day/Time
Birthdate	Gender	

Contact # 1 First Name	Last Name	Relationship to Student
Home Phone #	Cell #	Work #

Email Address: *This will be used for communication and e-payment receipts, please print clearly

Contact #2 First Name	Last Name	Relationship to Student
Home Phone #	Cell#	Work #

Email Address:

Home Address	City	Postal Code
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Emergency Contact (Other than above) Name:	Phone:	Relationship to Student:
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- I agree to by all rules, regulations and conditions contained herein or which may be posted from time to time.
 I agree that use of any and all facilities/services are undertaken by member at his/her sole risk and responsibility and member further agrees that the School shall not be liable for claims, demands, injuries, damages or actions. Member expressly and forever releases the School, its management, employees, directors or instructors from all claims, demands, damages, actions by myself, my children or dependents, by reason of the use of any and all facilities.

REFUND POLICY: The registration fee of \$30+tax (family registration = 40+tax) is non-refundable. A refund or payment reduction will not be offered for classes not attended. Students may be able attend make up classes for missed classes.

Registration is for the year ending in June, payable in installments due on the following dates: 10 weeks due August 15, November 7, January 23, and 8-10 weeks due March 20. Productions are billed in one installment, due upon registration (or August 15th for early registrants). Tuition is non-refundable after the due date for each installment.

The member agrees to pay **\$30.00** service charge for returned cheques. Maritime Theatre School reserves the right to cancel any class by refunding the initial fee and any unused dues. Late payment fees are \$10+tax for each week not paid. If a member chooses to pay fees using automatic payment, it is the member's responsibility to provide updated credit card information.

- I understand and agree to the fees and payment schedule.

Sign or type name to indicate agreement: _____ Date: _____ Staff Initial: _____

CREDIT CARD INFORMATION OR Etransfer to mdajanicem@gmail.com (include dancer name in message)

Name as it Appears on Card: _____

Visa/MC: _____ EXPIRY: _____

Cardholder Signature or typed name: _____

I give Maritime Dance Academy & Maritime Theatre School permission to bill my credit card for tuition and fees (please check one):

- 1st payment only All payments for the year