BALLET DIVERTIMENTO

ÉCOLE ET CENTRE CHORÉGRAPHIQUE

REGISTRATION FORM
ADULT PROGRAM

to be submitted with yout payment

Ballet Divertimento **ADULT 20_____-20_____**

STUDENT (Please print.)

First Name _____

Name _____

Addresse_____

City _____

Province _____ Postal Code _____ Country _____

*Email _____

** Please provide an address you check regularly; we will communicate all changes and updates by email.*

Date of birth (dd-mm-yy) _____ ◻ Man ◻ Woman

TELEPHONE

Home _____ Work _____

Moble _____

EMERGENCY CONTACT

First Name _____ Name_____

relation _____ Tel _____

HEALTH ISSUES (allergies, injuries, other…) _____

_____

CATÉGORIES

◻ Open Classes ◻ Intro-ballet / Day _____

HOW DID YOU FIND OUT ABOUT US?

◻ Word of mouth ◻ Website ◻ Was walking by ◻ Postcard/brochure
◻ Facebook ◻ A school show ◻ Newspaper ◻ Metro poster
◻ Yellow Pages ◻ Reffered by a BD client ◻ Other _____

Please see other side→

3505 Durocher St., Montreal (Québec), H2X 2E7 Tel: 514-285-2157 F: 514-285-4505 dance@balletdivertimento.com

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CONDITIONS

1. **Registration fee:**
   The registration fee is valid for a one-year period from September to the end of August and is non-refundable. It must be paid in full before the start of the second class. Students may not purchase a series of classes (10 or 20) before having paid the registration fee. All students must pay the registration fee.

2. **Ballet and Modern/Contemporary classes:**
   A minimum of three (3) people is needed to hold a ballet class. If only three (3) people are present, the class will last one hour. For four (4) people and over, the class will be the regular length of one hour-and-a-half.

3. **Pointe classes:**
   A minimum of four (4) people is needed to hold a pointe class. Payment for the class must be received prior to its start time.

4. **Refunds:**
   To obtain a partial or full refund, the student or parent must notify the Ballet Divertimento administration in writing to formalize the request. The date such notice is received will be considered as the official date of withdrawal from class. Course fees will be refunded on a prorated basis less 10% of the cost of courses not taken, up to a maximum of $50 (as per Section 195 of RSQ, chapter P- 40.1 of the Loi sur la protection du consommateur). A cheque will be mailed within two (2) weeks of the request. A student who cancels a registration before the first day of classes will receive a full refund of fees paid with the exception of the registration fee. In all cases, registration fees are non-refundable. Once the three-month validity period for a class card (series of 10 or 20 classes) expires, the remaining unused classes are not refundable. However, an arrangement may be made should the student desire to continue taking classes at the School. Ballet Divertimento reserves the right to remove from class any student who has not paid course fees within one month.

5. **Rate for professional dancers:**
   The professional rate is offered to RQD members who are registered as professional dancers or teachers, to members of ACTRA and UDA, and to employees of professional dance companies. It is also offered to students who can present proof of participation in a dance studies at a renowned dance school. Any questions should be addressed to the executive director of Ballet Divertimento. In all cases, proof of membership or status is required.

6. **Lost items:**
   Ballet Divertimento is not responsible for lost or stolen items. As a safety precaution, students should be vigilant and bring their valuables with them to the studios.

7. **Late registration:**
   For students who register after courses begin, the classes not taken will be deducted from the tuition fee, with the exception of the first two weeks which classes are not refundable.

PHOTOS

I authorize Ballet Divertimento to use photographs of me for purposes of any current or future publicity. Yes ☐ No ☐

INFOLETTRE

I wish to subscribe to Ballet Divertimento's newsletter. Yes ☐ No ☐

I have read and hereby accept these conditions.

_____ _____

SIGNATURE **REGISTRATION DATE (dd / mm / yy)**

_____

SIGNATURE (Please print)

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