

Registration Form

Victoria – Spring 2024 Apr 22–May 31

First Name:	Last Name:		
Phone:			
Address:	City:	Prov:	_ P. Code:
I would be interested in receiving MoonDan I would like to be invited to join MoonDanc I give my permission for photos and/or video	e on Facebook: 🛛 Yes 🔲 No	and/or Twitter: 🛛 Yes	s 🗖 No
Class(es): (check all that apply) 6 we	eeks, Apr 22 – May 31		
Dance Victoria, 111-2750 Quadra S >> Kids Studio classes:		Studio class (live dru	mming):
 Mon. 3:00–3:45pm Creative Danc Fri. 10–10:45am Tot & Me Dance Fri. 10:45–11:15am Creative Danc 	for 1–3 yr olds	0–8:00pm Adult We	st African Dance
Are you a returning student of Moon How did you hear about MoonDance Performance Times Colonist	? □ Friend □ Monday Maga □ Other (or Friend's name):		
Comments/Suggestions (including suita	ble times/days for class):		
Please read: All classes are subject to mini be placed on a waiting list, fees are not proce insufficient registration, or for medical reaso can be the result of the nature of the activity	essed until a space is available. Ther ns. A signed form is required of each	e will be no refunds unle h individual who particip	ess the class is cancelled due to bates in the program. Accidents
Waiver: By registering to participate, I am accordinate safety precautions and will attempt to minimactivities include, but are not limited to: unusual participation involves some risk, and that my part against MoonDance Dynamic Arts School, and to damage, injury, or expense that I may suffer as a movement, and that the staff of MoonDance Dynawill inform the instructor of any unusual pain, discread and understood the contents of this agreement	mize any associated risks. Examples of to bain or discomfort, such as from stubbed icipation is voluntary. I hereby agree to release the School, its officers, employed result of voluntary participation in the p amic Arts School has the right to stop mac comfort, fatigue, or any other symptoms	the types of injury that may toes, injuries resulting fror waive any and all claims th ees, and representatives fro program. I agree to seek cla e from doing exercise that t	occur while participating in these n human error. I am aware that my at I have or may in the future have m my and all liability for any loss, urification of the proper method of hey feel would be harmful to me. I
Signature		Date _	
(Name & Signature of Parent/Guard			
By agreeing to this document you will w	vaive certain legal rights, includin	ng the right to sue.	

TOTAL \$_____ Fees: Kids \$66 (6 classes). Adults \$96 (6 classes). (no tax)

Mail to: MoonDance Dynamic Arts School, 941 Lawndale Ave, Victoria, BC V8S 4C9 • Tel: 250-370-4338