



Dynamic Arts School

Registration Form

Victoria – Summer 2018 Jun 13–Jul 13

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ Prov: _____ P. Code: _____

I would be interested in receiving MoonDance e-news for info on upcoming workshops, classes, changes, etc.: Yes No

I would like to be invited to join MoonDance on Facebook: Yes No and/or Twitter: Yes No

I give my permission for photos and/or videos of me/my child(ren) to be used by MoonDance in print or on-line: Yes No

Class(es): (check all that apply)

Dance Victoria Studio 1, 111-2750 Quadra St.:

Adult class: (5 weeks)

Wed. 7:30–8:30pm Adult West African Dance

Dance Victoria Studio 3, 111-2750 Quadra St.:

Kids Mini-Camp: July 9–13

Summer 2018 Creative Dance Mini-Camp 5–8 yrs

Are you a returning student of MoonDance? Yes No

How did you hear about MoonDance? Friend Monday Magazine Village FM Poster

Performance Times Colonist Other (or Friend's name): _____

Comments/Suggestions (including suitable times/days for class): _____

Please read: All classes are subject to minimum and maximum numbers of participants. Registrants will be contacted if class is full to be placed on a waiting list, fees are not processed until a space is available. There will be no refunds unless the class is cancelled due to insufficient registration, or for medical reasons. A signed form is required of each individual who participates in the program. Accidents can be the result of the nature of the activity and can occur without fault on either the part of the Participant or the Instructor.

Waiver: By registering to participate, I am accepting risk of an accident occurring. MoonDance Dynamic Arts School will take necessary and appropriate safety precautions and will attempt to minimize any associated risks. Examples of the types of injury that may occur while participating in these activities include, but are not limited to: unusual pain or discomfort, such as from stubbed toes, injuries resulting from human error. I am aware that my participation involves some risk, and that my participation is voluntary. I hereby agree to waive any and all claims that I have or may in the future have against MoonDance Dynamic Arts School, and to release the School, its officers, employees, and representatives from my and all liability for any loss, damage, injury, or expense that I may suffer as a result of voluntary participation in the program. I agree to seek clarification of the proper method of movement, and that the staff of MoonDance Dynamic Arts School has the right to stop me from doing exercise that they feel would be harmful to me. I will inform the instructor of any unusual pain, discomfort, fatigue, or any other symptoms I may suffer during or immediately after participation. I have read and understood the contents of this agreement.

Signature _____ Date _____
(Name & Signature of Parent/Guardian if under 18)

By agreeing to this document you will waive certain legal rights, including the right to sue.

TOTAL \$ _____ **Fees:** Mini-Camp: \$65. Adult class: \$75 (5 wks). (no tax)

Mail to: MoonDance Dynamic Arts School, PO Box 439, Shawnigan Lake, BC V0R 2W0 • **Fax:** (250) 743-5846