SPIRIT OF DANCE
179 S. ALGOMA ST., 2ND FLOOR THUNDER BAY, ONTARIO P7B 3C1
(807) 623-4789 www.spiritofdance.org
spiritofdancetbay@yahoo.ca and spiritofdance.billing@gmail.com

REGISTRATION FORM: ADULT

ADULT NAME: _____ AGE: _____

BIRTHDAY: _____

PREVIOUS DANCE EXPERIENCE: _____ REFERRAL: _____

ADDRESS	POSTAL CODE	HOME PHONE NUMBER	CELL NUMBER

Status Card (If Applicable): _____

Email Address (mandatory): _____

Secondary Email Address (optional): _____

Medical Conditions/Allergies:

_____

We, the staff at Spirit of Dance studio, recognize our obligation to ensure our students and their parents/guardians are aware of the risks and hazards involved in dance education. By signing this waiver, you release Spirit of Dance and all its employees and volunteers from all claims on account of any injury which may be sustained by your child while attending any dance class, workshop, recital, competition, dance trip or fundraiser, associated with Spirit of Dance. In signing this waiver, you also acknowledge your responsibility in paying all tuition, associated costumes, performance or competition entry fees (if applicable) and all other communicated costs involved.

Signature _____ Date _____

_____PHOTO RELEASE: By initialing here, I give permission for photographs of myself in dance class or performances to be used in promotional material for Spirit of Dance, in both print and web publications.

_____ By initialing here, I am giving permission to spiritofdancetbay@yahoo.ca to email any applicable newsletters or class information and spiritofdance.billing@gmail.com to email any invoicing and accounting questions that pertains to my child for the period of May 2026 to September 2027.

PLEASE READ AND SIGN AT THE BOTTOM

I understand I will be emailed an invoice upon registration and will receive a google drive link for your account with Spirit of Dance. Spirit of Dance will regularly update payments and invoices, so you will always have access to your account balance.

I understand that all tuition fees are due promptly according to the payment schedule agreed upon. On the 1st of every month, any accounts that have not made the required monthly payment will incur a $25.00 late fee. 3% interest will be added onto non-payment accounts after 60 days on the outstanding amount. This will be reflected on your google drive link.

I understand that if I am not paying in full upon registration, I will have monthly installments due, either by payment in person, e-transfer or automatic withdrawal from a credit card. First month payments are due by September 1st, 2026, and all accounts must be paid by May 1st, 2027.

I understand that the registration fee is non-refundable ($35 per student and $20 per additional family member) and it is due upon registration. This fee will cover administrative fees as well as a recital t-shirt souvenir.

I understand that once the dance season has commenced, I will have 2 weeks from the start date to withdraw from a registered class to receive a refund (less the registration fee, $15/class, plus HST). After that time, Spirit of Dance will be happy to place your child in a different class or offer a credit towards a birthday package or future tuition.

I understand any changes made to my tuition invoice after the 2-week trial period will incur a $25.00 administration fee. Ie: Changing classes, adding classes, etc.

I understand that classes will not be pro-rated. Spirit of Dance will begin its Season in September, and will run until May 3rd, 2026, (approximately 30 weeks of dance).

I understand that I will receive a student handbook that will outline important dates and information, including recital info, photo dates, competition dates etc. I will also receive band app classroom links that I am required to join for information.

I understand I will receive information about the fundraising program available to our dancers and will be given an agreement form should I choose to participate. I understand that our Fundraising committee will run events and fundraisers that may require donations or volunteers and may need assistance. I understand I am not required to help, but any funds raised go towards the year-end Awards, Dinner & Dance Banquet for all students & dance equipment ie: acro mats.

Signature: _____ Date: _____

Non-Payment Policy: These Terms and Conditions represent the entire payment agreement (Full year tuition). This Agreement is binding upon the parties and their successors. CLIENT may not amend the full payment agreement after the 2-week trial period. After the 2-week trial period, the client understands they may change classes or have a credit provided. CLIENT has carefully read the entire Agreement and understands the meaning and effect of each, and every provision of this Agreement. CLIENT is duly authorized and empowered to accept these Terms and Conditions. Signature from all parties involved in paying this account:

Signature: _____ Date: _____

RECREATIONAL PROGRAM: INSPIRE COMPANY

All classes will run once a week. Ballet will have the option to participate in the year end recital.

CLASS NAME	AGES	DAY	TIME	COST	SELECTION(S) (please check)
Step Class (step boards provided)	16+	Wednesday	5:30-6:15 PM	$450.00	
Ballet Tech	16+	Wednesday	6:30-7:30 PM	$475.00	
Stretch & Fitness	16+	Thursday	6:45-7:30 PM	$450.00	

COMPETITIVE PROGRAM

All classes will run once a week and will participate in local competitions.

CLASS NAME	AGES	DAY	TIME	COST	SELECTION(S) (please check)
Tap	18+	Monday	8:00-8:30 PM	$400.00	
Hip Hop	18+	Monday	8:30-9:00 PM	$400.00	
Musical Theatre	18+	Monday	9:00-9:30 PM	$400.00	
Ballet	18+	Wednesday	7:30-8:00 PM	$400.00	
Jazz	18+	Thursday	7:30-8:00 PM	$400.00	
Lyrical	18+	Thursday	8:00-8:30 PM	$400.00	
Contemporary	18+	Thursday	8:30-9:00 PM	$400.00	

Status Card (if applicable): _____

Studio Section: (please leave blank)

Package Price	
Discounts 10% off if child is registered 20% off if 2 or more children are registered	
Registration Fee ($20.00 if child is registered, $35.00 if just adult is registered)	
Sub-Total	
HST (13%)	
Grand Total	

PAYMENT OPTIONS

An invoice will be sent to you from spiritofdance.billing@gmail.com with your Invoice Breakdown and Total. This email will also set up your payment plan (that you select) and include your link to your google drive account. Payment Options include Cash, Debit, E-transfer, Visa or Mastercard. Receipts will be available at the desk, as well as confirmation of payment VIA email.

Please select one of the following:

_____ Pay in Full _____ 4-month payment plan _____ 8-month payment plan

Please Select:

_____ Monthly Payment on 1st _____Bi-Weekly Payment _____Monthly Payment on 20th

Please Select:

_____Pay In Person _____E-transfer _____Credit Card

If you wish to pay VIA credit card, and would like it to put it on file, please fill out the following and include a payment plan below with specified dates and amounts:

Visa or MC #_____ exp. date_____

Security code: _____ (3- or 4-digit code)

Signature: _____