

The Spirit of the Pacific Cultural Society
WORKSHOP / SPECIALTY CLASS REGISTRATION FORM

Family Information (One form per immediate family)

| | | |
|------------------|--------|--------------|
| Family Name: | | |
| Home#: | Work#: | Fax#: |
| Email Address: | | |
| Current Address: | | |
| City: | Prov: | Postal Code: |

Student Information

| | | |
|----------------------------|--|------------|
| Student Name: | | Birthdate: |
| BC Care Card #: | | |
| Previous Dance Experience: | | |
| Student Name: | | Birthdate: |
| BC Care Card #: | | |
| Previous Dance Experience: | | |
| Student Name: | | Birthdate: |
| BC Care Card #: | | |
| Previous Dance Experience: | | |
| Student Name: | | Birthdate: |
| BC Care Card #: | | |
| Previous Dance Experience: | | |

| | |
|----|---|
| | Please list any concerns the school should know about, i.e. illness, allergies, previous injuries, medical conditions, custody agreements, etc. (confidential): |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Emergency Contact

| | | | |
|---|-------|-----|--------|
| Parent or Spouse Name(s): | | | |
| Name of a relative not residing with you: | | | |
| Address: | | | |
| City: | Prov: | PC: | Phone: |
| Relationship: | | | |

Tuition, Fees and Payment Method

| | | |
|----------|----------|---------|
| Student: | Class: | Fee: \$ |
| Student: | Class: | Fee: \$ |
| Student: | Class: | Fee: \$ |
| Student: | Class: | Fee: \$ |
| Student: | Class: | Fee: \$ |
| Student: | Class: | Fee: \$ |
| Total: | Paid by: | \$ |

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Payment may be made by cash, or cheque, payable to ***"The Spirit of the Pacific Cultural Society", OR "SPCS"***.

Fees are due in full at the time of registration. NSF cheques will be subject to a \$15.00 service fee.

Workshop and Specialty Class fees are non-refundable.

Additional incidental costs may include CD fee, festival fees, trophy fees, recital tickets, recital videos, and photos.

Exclusion Of Liability

THE The Spirit of the Pacific Cultural Society, THE OWNER, EMPLOYEES, OR CONTRACTORS SHALL NOT BE LIABLE FOR ANY DAMAGES OR INJURIES TO PERSONS, HOWEVER CAUSED, WHICH MIGHT BE SUSTAINED BY STUDENTS, THEIR FAMILIES, GUESTS OR OTHERS IN ACTIVITIES WHICH MAY OCCUR DIRECTLY FROM OR INCIDENTAL TO ALL ACTIVITIES OF THIS STUDIO. THE UNDERSIGNED PARENT OR GUARDIAN AGREES TO HOLD HARMLESS AND INDEMNIFY THE KAUHANE SCHOOL OF POLYNESIAN DANCE, THE OWNER, EMPLOYEES OR CONTRACTORS, WITH RESPECT TO ANY CLAIMS OF LIABILITY, PAST PRESENT OR FUTURE, FOR ANY DAMAGE OR INJURY, OR LOSS OF LIFE TO PERSONS, HOWEVER CAUSED.

I GIVE PERMISSION TO AGENTS OF THE SCHOOL TO ADMINISTER FIRST AID AND/OR CONTACT AMBULANCE FOR: (names of all registered students) _____

I HAVE READ THE CONDITIONS OF THIS AGREEMENT AND UNDERSTAND AND AGREE TO THE CONDITIONS SET FORTH HEREIN.

Signature:
(Parent / Legal Guardian)

Date: