

GILEA DANCE ACADEMY – REGISTRATION FORM

1. STUDENT INFORMATION

Full Name: _____

Date of Birth: _____

Address: _____

City / Postal Code: _____

Primary Phone: _____

Email: _____

Preferred Contact Method:

Phone Email Text

2. PARENT / GUARDIAN INFORMATION

(If student is under 18)

Name(s): _____

Phone: _____

Email: _____

Emergency Contact (Name & Phone): _____

3. PROGRAM SELECTION

Rhythmic Beginner (ages 3–5)

Hip-Hop, Acro, Lyrical, Jazz, Funk, Folk dancing ages 4-9

Hip-Hop, Acro, Lyrical, Jazz, Funk, Folk dancing ages 10-16

Ballet ages 6-9

Ballet 10-13

Heels Workout (Adult)

Seniors, stretching, strengthening and balance

Other- List class you would like to specialize in: _____

Private Lessons i.e. wedding, graduation or advanced competitive class

Explain goal of lesson _____

4. MEDICAL INFORMATION

Please list any medical conditions, allergies, or considerations: _____

5. PHOTO & VIDEO CONSENT

I give permission for my/my child's photo or video to be used for Gilea Dance Academy promotional purposes.

I do not give permission.

6. POLICIES & WAIVERS

I acknowledge that I have read and agree to the Gilea Dance Academy policies, including safety, attendance, and payment terms.

Signature: _____

Date: _____

7. PAYMENT INFORMATION

Payment Method:

E-transfer

Cash

8. HOW DID YOU HEAR ABOUT US?

Social Media

Friend/Family

Community Event

Website

Other: _____

**Please email your completed form to
gileadance@gmail.com
Questions? Call 778-821-0707**



GILEA DANCE ACADEMY

Release of Liability & Assumption of Risk Agreement

Participant Name: _____

Parent/Guardian (if under 18): _____

Date: _____

1. Acknowledgement of Risk

I understand that dance classes, rehearsals, workshops, and related activities (“Activities”) involve physical movement and carry inherent risks such as slips, falls, strains, sprains, joint injuries, collisions, and overexertion. I voluntarily choose to participate with full awareness of these risks.

2. Assumption of Responsibility

I accept full responsibility for any injury, loss, or damage arising from my participation, including those caused by my actions, the actions of others, facility conditions, or instruction. I understand that Gilea Dance works to maintain a safe environment but cannot eliminate all risks. I agree to follow all safety instructions and acknowledge that failure to do so increases risk.

3. Release of Liability

In consideration for being allowed to participate, I release and discharge Gilea Dance, its owners, instructors, staff, volunteers, and contractors from any claims or demands related to injuries, losses, or damages connected to the Activities, including injuries arising from the negligence of Gilea Dance or its representatives, to the fullest extent permitted by the laws of British Columbia.

4. Medical Fitness & Emergency Care

I confirm I am physically able to participate and have disclosed any relevant medical conditions. I will not participate if I am ill or injured. In an emergency, I authorize Gilea Dance to obtain medical care on my behalf and accept financial responsibility for any costs.

5. Media Release

I grant permission for Gilea Dance to use photos or videos of me for promotional or educational purposes.

Yes No

6. Voluntary Participation

I understand that participation is voluntary and that I may withdraw at any time.

7. Policies & Conduct

I agree to follow all studio rules, safety guidelines, and instructor directions. I understand that failure to comply may result in removal from class without refund.

8. Governing Law

This agreement is governed by the laws of the Province of British Columbia.

9. Severability

If any part of this agreement is found unenforceable, the remaining provisions remain in full effect.

Signatures

Participant: _____

Parent/Guardian (if under 18): _____

Date: _____