



BOSWELL DANCE ACADEMY

APPLICATION FOR ENROLLMENT 2025-2026

I, (the undersigned) have read and hereby AGREE to the terms and regulations as stated in the Academy's brochure for the duration of this enrollment school year.

STUDENT Name _____

Address _____

Postal Code _____ Date of Birth: D ____ M ____ Y ____

Tel. _____ Cell: _____

Email _____

Parent 1/Guardian Name _____

Parent 2/Guardian Name _____

Parent 2 Cell/Email: _____

Signature of Parent/Guardian _____

(* Please also sign the Waiver below)

For Office Use Only

Reg. Fee \$ _____ Chq# _____

QP: \$ _____ + \$ _____ GST = \$ _____

Q1 _____ Chq# _____

Q2 _____ Chq# _____

Q3 _____ Chq# _____

Q4 _____ Chq# _____

MP: \$ _____ + \$ _____ GST = \$ _____

Sep _____ # _____ Feb _____ # _____

Oct _____ # _____ Mar _____ # _____

Nov _____ # _____ Apr _____ # _____

Dec _____ # _____ May _____ # _____

Jan _____ # _____ Jun _____ # _____

For Office Use Only

PROGRAMS/CLASSES:

Total Hours: _____

CLASS COSTUME FEES:

\$ _____ Chq# _____ \$ _____ Chq# _____

RAD EXAMINATION FEES:

Grade Level: _____ \$ _____ Chq# _____

COMPETITIVE DIV Contract Signed _____

Groups _____ BL / JZ / LR / HH / TP / MO / ST / AC

Comp GROUP Entry Fees (Total: \$ _____)

\$ _____ Chq # _____ \$ _____ Chq # _____

No. of Solos _____ / Duo _____ / Trio _____

S/D/T Coaching Fees: \$ _____ Chq # _____

*ACTIVITY WAIVER & PUBLICITY RELEASE

I, the signing parent recognize that dance classes require physical movements which may be strenuous and may cause physical injury. I am aware of this risk when registering my child and release Boswell Dance Academy and its faculty staff from any liability of injury that may occur as a result of participating in class activities.

I understand and provide permission that dance photos/video footage of the student/s enrolled above may be used in studio related media/email notices/program publication.

Parent Signature: _____