



BOSWELL DANCE ACADEMY

ADULT 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 session/enrollment season.

STUDENT Name _____

Address _____

City: _____ Postal Code: _____

Tel: _____

Email: _____

Signature : _____
(* Please also sign the Waiver below)

Emergency Contact:

_____ Tel: _____

For Office Use Only

Annual \$15 Adult Reg. Fee _____

QUARTER FEES

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

Q1 _____ # _____

Q2 _____ # _____

Q3 _____ # _____

Q4 _____ # _____

SEASONAL CLASS SESSION FEES

SF: \$ _____ + \$ _____ GST = \$ _____

Fall _____ # _____

Winter _____ # _____

Spring _____ # _____

For Office Use Only

PROGRAM/CLASSES:

Total Hours: _____

For Office Use Only

CLASS COSTUMES: only if applicable

\$ _____ # _____

OTHER COSTUMES:

\$ _____ # _____

***ACTIVITY WAIVER & PUBLICITY RELEASE**

I, the student, recognize that dance classes require physical exertion, which may be strenuous and may cause physical injury. I am aware of this risk when registering myself and do hereby release Boswell Dance Academy and its faculty staff from any liability of injury that may occur as a result of participating in classes.

I understand that dance photos/ may possibly be used in studio related media/email notices/program publication.

Adult Student Signature: _____