



# BOSWELL DANCE ACADEMY

## APPLICATION FOR ENROLLMENT 2026-2027

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

STUDENT Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Date of Birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_\_

Tel. \_\_\_\_\_ Cel: \_\_\_\_\_

Parent 1/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_

Parent 2/Guardian Name \_\_\_\_\_

Cel/Email: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
(\* Please also sign the Waiver below)

**\*For Office Use Only\***

Reg. Fee \$ \_\_\_\_\_ pd \_\_\_\_\_ Cash / Chq / ET

QP: \$ \_\_\_\_\_ + \$ \_\_\_\_\_ GST = \$ \_\_\_\_\_

Q1 \_\_\_\_\_ pd \_\_\_\_\_ Cash / Chq / ET

Q2 \_\_\_\_\_ pd \_\_\_\_\_ Cash / Chq / ET

Q3 \_\_\_\_\_ pd \_\_\_\_\_ Cash / Chq / ET

Q4 \_\_\_\_\_ pd \_\_\_\_\_ Cash / Chq / ET

MP: \$ \_\_\_\_\_ + \$ \_\_\_\_\_ GST = \$ \_\_\_\_\_

Sep \_\_\_\_\_ / \_\_\_\_\_ Feb \_\_\_\_\_ / \_\_\_\_\_

Oct \_\_\_\_\_ / \_\_\_\_\_ Mar \_\_\_\_\_ / \_\_\_\_\_

Nov \_\_\_\_\_ / \_\_\_\_\_ Apr \_\_\_\_\_ / \_\_\_\_\_

Dec \_\_\_\_\_ / \_\_\_\_\_ May \_\_\_\_\_ / \_\_\_\_\_

Jan \_\_\_\_\_ / \_\_\_\_\_ June \_\_\_\_\_ / \_\_\_\_\_

**\*For Office Use Only\***

PROGRAMS/CLASSES: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**CLASS COSTUME FEES:**

\$ \_\_\_\_\_ Cash / Chq / ET \$ \_\_\_\_\_ Cash / Chq / ET

**RAD EXAMINATION FEES:**

Grade Level: \_\_\_\_\_ \$ \_\_\_\_\_ Cash / Chq / ET

COMPETITIVE DIV. Contract Signed \_\_\_\_\_

# Groups \_\_\_\_\_ BL / JZ / LR / HH / TP / MO / ST / AC

Competitive GROUP Entry Fees (Total: \$ \_\_\_\_\_)

\$ \_\_\_\_\_ Cash / Chq / ET \$ \_\_\_\_\_ Cash / Chq / ET

No. of Solos \_\_\_\_\_ / Duo \_\_\_\_\_ / Trio \_\_\_\_\_

S/D/T Coaching Fees: \$ \_\_\_\_\_ Cash / Chq / ET

**\*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 possibly be used in studio related media/ promotions/ email notices/ program publication.

Parent Signature: \_\_\_\_\_