



BOSWELL DANCE ACADEMY

ADULT 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 session/enrollment season.

STUDENT Name _____

Address _____

City: _____ Postal Code _____

Tel: _____ Cel. _____

Email: _____

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

Emergency Contact: _____
Tel: _____

For Office Use Only

Annual \$15 Adult Reg. Fee _____

ADULT CLASS QUARTERLY FEES

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

Q1 _____ Cash / Chq / ET

Q2 _____ Cash / Chq / ET

Q3 _____ Cash / Chq / ET

Q4 _____ Cash / Chq / ET

PARENT & TOT SEASONAL FEES

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

Fall _____ Cash / Chq / ET

Winter _____ Cash / Chq / ET

Spring _____ Cash / Chq / ET

For Office Use Only

PROGRAM/CLASSES: _____ Total Hours: _____

For Office Use Only

CLASS COSTUMES: only if applicable

\$ _____ Cash / Chq / ET

OTHER COSTUMES:

\$ _____ Cash / Chq / ET

***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: _____