

The Spirit of the Pacific Cultural Society
REGISTRATION 2016-2017

Family Information (One form per immediate family)

Family Name:		
Home#:	Work#:	Fax#:
Email Address:		
Current Address:		
City:	Prov:	Postal Code:

Student Information

Student Name:		Birthdate:
BC Care Card #:		
Previous Dance Experience:		
Student Name:		Birthdate:
BC Care Card #:		
Previous Dance Experience:		
Student Name:		Birthdate:
BC Care Card #:		
Previous Dance Experience:		
Student Name:		Birthdate:
BC Care Card #:		
Previous Dance Experience:		

	Please list any concerns the school should know about, i.e. illness, allergies, previous injuries, medical conditions, custody agreements, etc. (confidential):
1.	
2.	
3.	
4.	

Emergency Contact

Parent or Spouse Name(s):			
Name of a relative not residing with you:			
Address:			
City:	Prov:	PC:	Phone:
Relationship:			

Classes registering for

Student:	Class name:	Fee amount / month or session:
Student:	Class name:	Fee amount / month or session:
Student:	Class name:	Fee amount / month or session:

Registration fees

Registration Fee – due at registration (non-refundable)	1 per immediate family	= \$	21.00
Spirit of the Pacific Cultural Society Membership Fee	1 per student	= \$	5.00
		Total:	

All taxable fees include 5% GST

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Cash, cheques and credit cards are accepted. All fees are due on the 1st of every month (September 2016 to June 2017). Cheques made payable to "**The Spirit of the Pacific Cultural Society**", OR "**SPCS**", post-dated for the 1st of every month (September 2016 to June 2017). Cash must be in envelopes marked clearly with dancer's name. Payments made after the 15th of the month will be subject to a \$5.00 late fee. NSF cheques will be subject to a \$25.00 service fee. If a student withdraws permanently from a class, cheques will be returned with the exception of the month in progress. One month written notice must be given. Please see fee policy for complete details.

Registration Fee is non-refundable and due at the time of registration.

Please expect to pay from \$30.00 to \$200.00 per costume. Costumes are designed by the teacher and teachers will be available for consultation with seamstresses and parent reps.

Additional incidental costs during the year may include CD fee, festival fees, trophy fees, recital tickets, recital videos, and photos.

We require one parent or dancer from each group to be the Parent Representative (contact/phone person). If interested, please indicate (yes or no) _____

RELEASE OF STUDENT PHOTOGRAPHS AND VIDEO PARENTAL CONSENT FORM

The Spirit of the Pacific Cultural Society, The Kauhane School of Polynesian Dance and Halau Hula Ka'Uhane O Ka Pakipika (the Organization) requests permission to use photographs, videos, and names of individual students and groups of students in a variety of publications to promote the Organization. This could include newsletters, brochures, newspapers, magazines, reports, public websites, radio, videos or television. This would also include permission for your child to be photographed by the media (TV or newspaper) for events relating to the Organization.

YES - I give my consent for the publication of my child's photograph/name and comments for purposes consistent with the above.

NO - I do not permit the publication of my child's photograph/name and comments for purposes consistent with the above.

Exclusion Of Liability

THE SPIRIT OF THE PACIFIC CULTURAL SOCIETY, THE DIRECTORS, EMPLOYEES, OR CONTRACTORS SHALL NOT BE LIABLE FOR ANY DAMAGES OR INJURIES TO PERSONS, HOWEVER CAUSED, WHICH MIGHT BE SUSTAINED BY STUDENTS, THEIR FAMILIES, GUESTS OR OTHERS IN ACTIVITIES WHICH MAY OCCUR DIRECTLY FROM OR INCIDENTAL TO ALL ACTIVITIES OF THIS STUDIO. THE UNDERSIGNED PARENT OR GUARDIAN AGREES TO HOLD HARMLESS AND INDEMNIFY THE SPIRIT OF THE PACIFIC CULTURAL SOCIETY, THE DIRECTORS, EMPLOYEES OR CONTRACTORS, WITH RESPECT TO ANY CLAIMS OF LIABILITY, PAST PRESENT OR FUTURE, FOR ANY DAMAGE OR INJURY, OR LOSS OF LIFE TO PERSONS, HOWEVER CAUSED.

I GIVE PERMISSION TO AGENTS OF THE SOCIETY TO ADMINISTER FIRST AID AND/OR CONTACT AMBULANCE FOR: (names of all registered students) _____

I HAVE READ THE CONDITIONS OF THIS AGREEMENT AND UNDERSTAND AND AGREE TO THE CONDITIONS SET FORTH HEREIN.

Signature:
(Parent / Legal Guardian)

Date:

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