



# THE CITADEL DANCE PROGRAM

## 2016/17REGISTRATION

DAY	CLASS	TEACHER	AGES	TIME	TERM 1	✓	TERM 2	✓	AMOUNT
WEDNESDAY	OPEN LEVEL BALLE	TERRI GARDINER	AGES 10-14	5:00-6:00pm	\$265		\$250		
THURSDAY	LEVEL 1 BALLE ABT®	PORTIA WADE	AGES 8-10	4:00-4:55pm	\$265		\$250		
THURSDAY	LEVEL 11 BALLE ABT®	PORTIA WADE	AGES 11-14	5:00-5:55pm	\$265		\$250		
SATURDAY	BALLE ABT®	PORTIA WADE	AGES 3-4	9:00-9:25am	\$130		\$125		
SATURDAY	BALLE ABT®	PORTIA WADE	AGES 5-7	9:30-10:10am	\$200		\$190		
SATURDAY	LEVEL 1 BALLE ABT®	PORTIA WADE	AGES 8-10	10:15-11:10am	\$265		\$250		
SATURDAY	LEVEL 11 BALLE ABT®	PORTIA WADE	AGES 11-14	11:15-12:40pm	\$395		\$375		
SATURDAY	POINTE CLASS	PORTIA WADE		12:45-1:30pm	\$200		\$190		
<b>SUB-TOTAL</b>									
SCHORLASHIP							(MINUS)		
OTHER ASSISTANCE							(MINUS)		
REGISTRATION FEE									\$25

<b>TOTAL</b>	
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FALL PAYMENT	
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WINTER PAYMENT	
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**CLC USE ONLY**

DATE REGISTERED

REGENT PARK RESIDENT  Y / N



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## 2016/17 STUDENT INFORMATION

Date: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Example: (1) (January) (2000)*

Parent/Guardian E-mail: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Student Phone (*optional*) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Apt City Postal Code*

What is the best way to contact you? Email Phone Either/Both

Would you like to receive newsletters about The Citadel School of Dance? YES NO

Would you like to receive newsletters about Coleman Lemieux & Compagnie (CLC)? YES NO

Does your child have any injuries, medical conditions, or medications we should know about?:

\_\_\_\_\_

How did you hear about these dance classes?

Friend/Family CLC Website CLC Newsletter Flyer Other: \_\_\_\_\_



# THE CITADEL DANCE PROGRAM

## 2016/17 STUDENT DANCE CLASS WAIVER

PLEASE READ CAREFULLY AND SIGN BELOW

I, \_\_\_\_\_, hereby agree to the following:

*Print first and last name of parent/guardian*

1. That the instruction offered at The Citadel is limited to that of basic dance and health.
2. I acknowledge that I understand the nature of the activities my child will be participating in and that my child is in the proper physical condition and capable of participating in the related activities.
3. I attest that my child has no psychological, medical, or emotional conditions that would prevent my child from safe participation in a dance class.
4. I understand that during the course of the dance class instruction the teacher may aid my child's progress with appropriate physical contact.
5. I understand that Coleman Lemieux & Compagnie is not responsible for my child or other children under my supervision who are left unsupervised in the common areas and areas surrounding The Citadel and that Coleman Lemieux & Compagnie will only be supervising my child when he or she is participating in scheduled dance activities, programs or instruction.
6. I release and discharge Coleman Lemieux & Compagnie, The Citadel, its directors, administrators, and instructors from any and all liability claim, demand, or action, that I have resulting from injury, death, or damages arising from my child's participation in the dance class, or anywhere on The Citadel premises, including loss that may be caused due to negligence of the released party.
7. Coleman Lemieux & Compagnie, The Citadel, its directors, and instructors will not be held liable for personal goods lost or stolen from The Citadel premises.

**I have read this agreement and fully understand its content and meaning.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## 2016/17 STUDENT PHOTO/VIDEO WAIVER

I, \_\_\_\_\_, (parent/guardian) give consent for

\_\_\_\_\_, to be photographed/videotaped by Coleman Lemieux & Compagnie, its employees, agents, associates, or assistants during classes and/or performances with Coleman Lemieux & Compagnie.

I authorize Coleman Lemieux & Compagnie to publish such picture or video footage on websites, social media, and print medias as well as for promotional use of Coleman Lemieux & Compagnie and project partners' activities. Such picture or video footage will not be used for commercial use. This consent is not revocable. This consent shall not allow any further publication or broadcast of such picture or video footage by any other party, or in any other location or format without my advance written authorization.

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

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



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## 2016/17 IMPORTANT DATES & RESPONSIBILITIES

### **STUDENT RESPONSIBILITIES:**

Arrive 10 minutes prior to class start time to be ready.

Call CLC at 416-364-8011 xt.5 if you are not arriving to class that day.

Know that no casual conversation is permitted during any classes.

### **COMMITMENT TO AN INCLUSIVE, NON-DISCRIMINATING ENVIRONMENT:**

Coleman Lemieux & Compagnie and the staff of The Citadel Dance Program do not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of our activities or operations. We are committed to providing an inclusive and welcoming environment for all students, parents, visitors and staff. We expect our students to hold the same approach.

### **IMPORTANT DATES:**

#### TERM 1

First Week of Term 1: Week of September 19 2016

Last Week of Term 1: Week of January 2017

#### TERM 2

First Week of Term 2: week of January 30 2017

Last Week of Term 2: Week of May , 2017

### **FAMILY & PUBLIC VIEWINGS**

Parent, Friend & Family Demo Week: Dec 12-17 2016

Public Showcase: May 20 2017

### **BREAKS & HOLIDAYS**

Winter Holidays: Dec 19<sup>h</sup> – January 8<sup>th</sup> 2017

March Break: March 13<sup>th</sup> – 18<sup>th</sup>

\*The Citadel Dance Programs continues through long weekends