



# Parent & Tot Registration Spring 2026

*This registration is for the 6 week Parent & Tot PreDance program running on Tuesdays starting on April 14th. Please note that a Parent or Guardian must accompany each dancer to every class for this program. Please indicate which age group you are signing up for below. Each class is 30 minutes.*

## 1. Participant Information

**10:15am** Ages 1-2     **11:00am** Ages 2.5-3.5

Child's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Allergies/Health Concerns: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

## 2. Waiver

- In registering myself and my child for the Parent & Tot PreDance Program, I hereby release the Owen Sound Dance Academy from all claims for damages from any accident or injury which is caused by or arises from participation of the Dancers herein, during any program or in any facility at any location, where a program is being conducted.
- I hereby grant the Owen Sound Dance Academy permission to photograph and videotape the above noted Dancers and to reproduce these images for Academy use (social media, website, etc.).

X \_\_\_\_\_

Signature of Parent or Guardian

(must be signed in order to allow participation in any OSDA program)

\_\_\_\_\_

Date Signed

## 3. Payment

The cost of the Parent & Tot PreDance Program is **\$75** for a 6 week session of one half hour class once/week.

I am paying with: **Cash**  **Cheque**  **Credit Card**  **E-transfer**

Cheques made payable to Owen Sound Dance Academy. E-transfers to [hello@owensounddanceacademy.com](mailto:hello@owensounddanceacademy.com) A 3% processing fee will be applied to all credit card payments.

### Credit Card Information

Cardholder Name \_\_\_\_\_

Total: \_\_\_\_\_

Card Number \_\_\_\_\_

+ Processing Fee (3%) = \_\_\_\_\_

Visa  MasterCard  Exp. \_\_\_\_\_ CVV \_\_\_\_\_

I hereby authorize the Owen Sound Dance Academy to charge my credit card the above noted fees, on the dates specified based on the payment option selected.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_