## **REGISTRATION FORM**

Principal Teacher: Nicole Shipman RAD RTS,

mb:0419 429 244

Email: studio.crda@gmail.com www.clarenceriverdanceacademy.com CRDA Pty Ltd ABN: 86 616 524 362



NOTE: When completing this registration Form it is critical that all fields are completed in full. Signing the registration form is a Student's/their Parent or Guardians' declaration that they have:

- Read and understand the CRDA Code of Conduct for Parents and Students as outlined in CRDA Handbook.
- Read, understood, and agreed to payments, fees, refund, and withdrawal requirements as detailed in CRDA Handbook.

#### Annual Registration Fee must be paid before commencing any class.

(Registration Fee for returning students is \$50, New registration fee is \$80 which includes a Studio T-Shirt)

### Office Use Only

CRDA Reference No:		RAD Number:	RAD Number:	
1. Personal De	etails			
Gender:	☐ Male	□ Fe	male	
First Name:		Surname:		
Date of Birth:	Home Phone	: Mobi	Mobile:	
Email (for all Studio	Correspondence):			
2. Emergency	Contact Details			
Name:		Phone:		
Relationship to Stud	dent:			
3. Residential	Address			
Flat/Unit No:	Street No:	Street Name:		
Suburb:		State:	Postcode:	
4. Postal Addr	ress (Leave Blank if as Above)			
Flat/Unit No:	Street No:	Street Name:		
Suburb:		State:	Postcode:	
5. Payment M	ethod (Please Tick)			
☐ Full Payment		☐ Payment Plan R	☐ Payment Plan Required	

# 6. Student/Parent/Guardian Certification I hereby declare that: ☐ I give permission for Panadol administered if required. ☐ In the event of an injury/accident, I give authorisation for CRDA staff to obtain medical assistance if necessary until I/we can be contacted and subsequently accept any medical expenses incurred. ☐ I give permission for photography and/or video to be taken as required to be used for CRDA media and marketing purposes ONLY. ☐ I have read Clarence River Dance Academy's Studio Handbook and understood the Studio policy's, requirements and Code of Conduct. ☐ If I am unable to pay the tuition fees by the invoice due date, I will contact Ms. Nicole IMMEDIATELY to arrange an alternative payment plan that WILL be adhered to. ☐ I am aware that penalties or late payment fees may apply to any late payments and/or broken agreements. ☐ I am aware with overdue fees; the student will be unable to partake in examinations and/or performances. ☐ I am aware that NO refund will be given for any cancellation or missed lessons. ☐ I am aware it is a requirement of all students undertaking RAD assessments and/or examinations that they must attend examination classes which will be held in the last week of the July School holidays. I have checked and completed all required fields in full on this registration form and that I am fully aware of the terms and conditions of the Clarence River Dance Academy.

ROYAL ACADEMY OF DANCE

Parent/Guardian Name:

Signature:



Date:

## Class Selection (please Tick)

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Name	CRDA No:	Term Fee:
Teachers' confirmation	on that Class Selection is correct:	

Code	Description	One class per week	Two classes per week	
Petite	Petite Ballet (3-4yrs)			
Pre Prim	Pre-Primary Dance (4-5yrs)			
Prim	Primary Dance (6yrs)			
G1-2	Grades 1-2			
G3-5	Grades 3-5			
G6-8	Grades 6-8			
Inter Fd	Intermediate Foundation			
Inter	Intermediate			
Adv Fd	Advanced Foundation			
Adv1	Advanced 1			
Adv2	Advanced 2			
Dis Rep	Discovering Repertoire			
Jazz Jr	Sub-Junior Jazz			
Jazz Gr	Jazz / Contemporary (Grades)			
Jazz IntSen	Jazz / Contemporary (Int/Senior)			
Tap Gr	Tap (Grades)			
Tap IntSen	Tap (Intermediate/Senior)			
Troupe	Troupe	Term		
Pointé Int	Pointé (Inter Fd / Inter)	Term	Term □	
Pointé Adv	Pointé (Advanced)	Term		
Slver Swns	Silver Swans Adult Class			

NOTE: For RAD assessments and examinations, it is a requirement for students to attend TWO ballet classes per week.