



## STUDIO REGISTRATION FORM

**Mail To:**

The Audience Dance Rivalry  
 PO Box 20060 Carville PO,  
 Concord, ON  
 L4K 0C0

Event: \_\_\_\_\_ Studio Name: \_\_\_\_\_

Contact / Studio Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Studio Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

1. List the Dancers Please insert **J (junior 6-10) I (inter 11-14) S (senior 15 and up)**  
**Or attach a studio list**

|    | Name | Birthday | Level |    | Name | Birthday | Level |
|----|------|----------|-------|----|------|----------|-------|
| 01 |      |          |       | 16 |      |          |       |
| 02 |      |          |       | 17 |      |          |       |
| 03 |      |          |       | 18 |      |          |       |
| 04 |      |          |       | 19 |      |          |       |
| 05 |      |          |       | 20 |      |          |       |
| 06 |      |          |       | 21 |      |          |       |
| 07 |      |          |       | 22 |      |          |       |
| 08 |      |          |       | 23 |      |          |       |
| 09 |      |          |       | 24 |      |          |       |
| 10 |      |          |       | 25 |      |          |       |
| 11 |      |          |       | 26 |      |          |       |
| 12 |      |          |       | 27 |      |          |       |
| 13 |      |          |       | 28 |      |          |       |
| 14 |      |          |       | 29 |      |          |       |
| 15 |      |          |       | 30 |      |          |       |

2. Calculate the number of spectators: \_\_\_\_\_

*Only Audience spectators are welcome to participate in the judging of the Rivalry.*

3. Multiply the total number of dancers by the appropriate fees.

|  | <b>30 Days<br/>Before Deadline</b> | <b>After Deadline</b> | <b>Quantity</b> | <b>Total</b> |
|--|------------------------------------|-----------------------|-----------------|--------------|
| All Dancers Juniors, Inters, Seniors   | \$125.00                           | \$150.00              |                 |              |
| The Audience Spectators<br>Only The Audience spectators are<br>eligible to vote at The Rivalry | \$20.00                            | \$40.00               |                 |              |
| Teachers and Directors Maximum<br>(2 per studio) Are welcome to attend<br>free of charge.      | Free                               | \$150.00              |                 |              |
| Additional Teachers (up to 3 per studio)   | \$75.00                            | \$150.00              |                 |              |

Total Audience Workshop Fees \$ \_\_\_\_\_

4. Please have each parent or guardian sign our waiver. Waivers may be submitted at our registration desk the day of the event before the workshop starts.

5. Payment

**Please send one check payable to The Audience**

I have enclosed a check     Visa     MasterCard

Name On Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Billing Address: \_\_\_\_\_

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

I the undersigned, on behalf of all parties entered to this convention acknowledge and accept there are no refunds on any fees. NSF checks will be charged a 50.00 fee. I also acknowledge and authorize ADR to the use of recorded video and photography use for social media gathered at the event.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions please Call Paula at 1 (647) 200-4997 or email [theaudiencecancerivalry@gmail.com](mailto:theaudiencecancerivalry@gmail.com)

# WAIVER - All Participants/parents are required to sign the waiver.

Name of Participant: \_\_\_\_\_

Event: \_\_\_\_\_

This agreement releases **The Audience Dance Rivalry** from all liability relating to injuries that may occur **the convention and rivalry**. By signing this agreement,

I \_\_\_\_\_ (print name of legal guardian) agree to hold **The Audience Dance Rivalry** entirely free from any liability, including property loss or damage and financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in **Dance**. I swear that my child/children or I am participating voluntarily. Additionally, do not have any conditions that will increase my/their likelihood of experiencing injuries while engaging in this Event. In addition, I agree to allow ADR permission to use photography and video coverage of my child for promotional and social media use.

By signing below I forfeit all right to bring a suit against **The Audience Dance Rivalry** for any reason. I fully understand and agree to the above terms.

Signature of Legal Guardian : \_\_\_\_\_ Date: \_\_\_\_\_