



MAX Adaptive Dance – Fall 2018

PROGRAM INFORMATION:

- The program will run 11 weeks, September 30 to December 16, 2018 (closed November 11)
- Classes are held on Sundays from 3:00-4:00pm
- All classes will be held at 6 St. Clare Avenue, St. John's
- Co-Ed; Ages 4-12
- The price is \$180 + HST = \$207 per participant

PARTICIPANT INFORMATION:

Name _____ Birthdate (mm/dd/yyyy) _____ Age _____
 MCP #: On File _____ Gender: Female Male

CONSIDERATIONS:

Does the participant use an assistive mobility device? No
 Yes (circle one): Wheelchair Walker Crutches Other _____

If yes, is the participant able and/or willing to move out of the chair/mobility device? No
 Yes

Can the participant move across the room independently? (If not, what type of assistance is needed?) No _____
 Yes

What is the participant's communication ability/style? (i.e. quiet, talkative, nonverbal, impaired speech or hearing, communication device, etc.)

Are there any movements or positions that would cause the participant pain or harm? _____

Is the participant sensitive to moving lights? No
 Yes

Does the participant require medical equipment? If so, what type? No
 Yes _____

Does the participant have any other medical (including food and other allergies), physical, or behavioral concerns that our staff should know about?

PARENT/GUARDIAN INFORMATION (Existing MAX Clients):

1. Name _____ Relationship to Participant _____
 Primary Contact # _____ Email _____

2. Name _____ Relationship to Participant _____
 Primary Contact # _____ Email _____

PARENT/GUARDIAN INFORMATION (New MAX Clients):

1. Name _____ Relationship to Participant _____
 Cell # _____ Work # _____ Home # _____
 Email _____ Address _____
 City/Town _____ Province _____ Postal Code _____

2. Name _____ Relationship to Participant _____
 Cell # _____ Work # _____ Home # _____
 Email _____ Address _____
 City/Town _____ Province _____ Postal Code _____

Email completed form to info@yourmax.ca or deliver in person to any MAX location. For inquiries, email info@yourmax.ca, call 733-7330 or visit www.yourmax.ca



EMERGENCY CONTACT (Other than parents/guardians listed above. Please note that the emergency contact must be 18 years of age or older):

Name _____ Primary Contact # _____

PAYMENT OPTIONS:

Please check one (1) of the following two (2) payment options:

- Cash, Direct Debit, or AMEX - Program fees must be paid in full when the registration form is submitted.
- Visa or MasterCard - Please complete the Visa/MasterCard Authorization section below. Program fees will be charged to your credit card in full within five (5) business days from the date of receipt of this registration form *(please note that Debit Visa and Debit MasterCard may only be used when paying in person).*

Card Number	Exp. Date	CVS Number

I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to charge my credit card for the program fees.

Card Holder Name (please print) _____ Card Holder Signature (sign) _____

Payer Contact (if different than Parent/Guardian) _____ Date _____

Terms and Conditions for MAX Adaptive Dance (please read carefully)

1. **Once registered, discontinuation is not permitted. Payment is one-time and non-refundable.**
2. Regular attendance and punctuality is expected. There will be no refunds for sessions missed by a participant.
3. MAX will not refund or make up any classes that are cancelled due to weather. Please check www.yourmax.ca or call 733-7330 to see if MAX facilities are closed due to weather.
4. MAX reserves the right to withdraw any program or level of instruction, to change an instructor of any program, or to close any MAX location at any time without notice or liability other than to refund fees received for sessions cancelled due to such withdrawal or closing.
5. All of the participant’s relevant illnesses, medical conditions, disabilities, and/or behavioral concerns have been disclosed to MAX on the Registration Form.
6. Participants will not be able to partake in programs if their MCP number is not on file. You hereby give MAX and its employees the authority to act on your behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, you authorize MAX to take whatever emergency measures are deemed necessary by MAX for the protection of the participant while in the care of MAX. You understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the participant to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. You understand that this may be done prior to contacting you, and that any expense incurred for such treatment, including ambulance fees, is your responsibility.
7. MAX promotes an atmosphere of safety and mutual respect and will not tolerate inappropriate conduct or behavior. Violation of these principles may result in immediate termination of the participant’s enrollment.
8. In consideration of being allowed to participate in MAX activities and programs and to use MAX facilities, equipment and services, you hereby forever waive, release and discharge MAX and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to the participant’s person and/or property, including those caused by the negligent act or omission of any of sparing those mentioned or others acting on their behalf, arising out of or connected with the participation in any activities, programs or services of MAX or the use of any equipment at various sites, including home, provided by and/or recommended by a MAX representative.
9. MAX takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our participants to parties outside of MAX, without the authorized written consent of the participant or the parent(s)/guardian(s) if the participant is under the age of 18 (except where required by law such as in emergency situations or by legal order). In the normal course of business and for the purpose of advertising, MAX may photograph or video participants as they partake in MAX activities. Such photographs or videos may be used by MAX for publicity purposes without the participant’s name attached unless the participant or the parent(s)/guardian(s) if the participant is under the age of 18 otherwise advises MAX in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX.

ACCEPTANCE: By signing below, I acknowledge and agree to the Terms and Conditions written above and I represent that the information given by me on the Registration Form is complete and accurate.

Participant Name: _____ Date: _____
(please print)

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(please print) *(please sign)*