



BALMORAL HALL SCHOOL



Academy of Excellence

ACADEMY OF EXCELLENCE – REGISTRATION FORM Dance, Drama, Art programs

To register, please complete this application and return forms with appropriate payment to Balmoral Hall School, 630 Westminster Avenue, Winnipeg, MB R3C 3C1. Registrations are not accepted without class fees or payment as indicated.

Fees: Class fees include all activities and supplies unless otherwise noted. Classes fill quickly, so we encourage you to enroll early to ensure a space; daily or partial week registrations are not an option.

Registration: Please fill out the registration form and return to the Balmoral Hall School front reception desk. Classes fill up early; therefore, the class fee must be received with the registration form to guarantee a spot.

Refunds: Refunds will not be given after the classes begin.

Balmoral Hall School does not discriminate on the basis of race, religion, colour, creed, national and ethnic origin in administration of its admission/ educational policies, scholarship and bursary program, and/or any other school administered programs.

Applicant's Legal Name: _____
Last First

Name by which applicant is called: _____

Date of Birth: (MM/DD/YY) Age, as of June 1, 2010: _____

Father or Male Guardian

Mr./Dr. _____
Last Name First Name

Home Address: _____

Postal Code: _____ E-mail: _____

Tel: () _____ Fax: () _____

Cell: () _____

Mother or Female Guardian

Ms/Mrs./Dr. _____
Last Name First Name

Home Address (if not same as above): _____

Postal Code: _____ E-mail: _____

Tel: () _____ Fax: () _____

Cell: () _____

Student resides with: Parents / Father / Mother / Residence / Other

If Other: _____

Medical Information

Emergency Contact (Other than parent): _____

Relationship: _____ Home phone: _____ Cell: _____

Medications / Chronic Medical Conditions / Other Details: _____

Classes registered for: (please list)

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Enclosed is my payment made payable to Balmoral Hall School for the amount of

\$ _____

Cash / Cheque/ Student Account # _____

Credit Card

I, _____ authorize Balmoral Hall School to charge the above fees to my:

Visa MasterCard American Express Card

Number: _____ Expiry Date: _____

Name as it appears on credit card: _____

Name of Financial Institution: _____

I affirm that, except as indicated, my child is in good health and able to participate in all activities. With the understanding that safety standards will be met, I release Balmoral Hall School Academy of Excellence Program and Balmoral Hall School from possible claims for injury to person or property which may arise from participation in activities and hereby covenant and agree to hold harmless Balmoral Hall School, its employees, agents, or representatives from any claim, liability, or expense arising out of, or in any way connected to, any alleged incident or injury resulting from such participation. In the event of medical treatment, if either parent or emergency contact is not available, I give Balmoral Hall School permission to transport my child to a medical emergency room for treatment. I also give permission for my child to participate in any field trips included in the activities for which she/he is registered.

I consent to Balmoral Hall School's right to use any photos taken during Academy of Excellence activities for future promotions and publications. I hereby acknowledge the receipt of the Academy of Excellence Program Policies outlined in this guide. I agree to abide by these procedures and acknowledge responsibility for the payment of all program fees outlined.

Date: _____ Signature of Parent/Guardian: _____