**REGISTRATION FORM**

**Programme selection**

 *(Tick where applicable)*

[ ] Versatiilty

[ ] Hip Hop

[ ]  Jazz, Contemporary

[ ]  Street Jazz / Jazz Funk

**section 1: Personal particulars**

|  |  |
| --- | --- |
| Name *(As per NRIC)* |  |
| NRIC or FIN No. |  |
| Date of Birth *(dd/mm/yyyy)* |  | Gender |  |
| Home Address |  |
| Home Number |  | Mobile Number |  |
| Email Address |  |

**section II: Emergency contact**

|  |  |
| --- | --- |
| Name of Contact |  |
| Relationship |  |
| Home Number |  | Mobile Number |  |

**SECTION III: PROGRAM FEES**

*(Please check box accordingly)*

|  |  |  |
| --- | --- | --- |
| Instalments | [ ]  | $325 + $325 + $325 |
| Full Payment | [ ]  | $975 |

* *Payments can be done by either CASH or NETS at the counter*
* *Instalment payments are to be made*
	+ *(1) before commencement*
	+ *(2) by the end of 1st month*
	+ *(3) by the end of 2nd month*
* *Late payments will incur a $50 penalty fee*
* *Participant’s spot will only be confirmed upon the payment of program fees, before commencement*
* *No refunds will be done once you have begun the program*

**SECTION IV: DANCE EXPERIENCE**

**Q1.** Briefly describe your dance background (E.g. Formal trainings, dance styles, experiences)

|  |
| --- |
|  |

**Q2.** Who are some of your dance inspirations?

|  |
| --- |
|  |

**Q3.** Why do you want to join the A.I.M Training Program?

|  |
| --- |
|  |

**SECTION V: VIDEO SUBMISSION**

**Video 1:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks:

**Video 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks:

1. Unlisted Youtube links of videos to be submitted
2. 2 video footages of you dancing in an Open Class environment; at least Open Class Level 2 or equivalent
3. Minimum of 20 seconds in duration
4. Dance genre of submitted video should be relevant to the selected AIM Programme
5. Describe yourself under ‘Remarks’ to help us better identify you in the videos. Be as specific as possible *(attire, positioning, etc.)*.

**SECTION VI: DECLARATION FOR APPLICANTS (18 YEARS OLD AND ABOVE)**

I hereby agree to the following terms and conditions:

* I declare that all information furnished in this form are true and accurate.
* I acknowledge that I am in good health and do not have any history or existing medical/physical condition that will interfere with or hinder my participation in the Program.
* I am fully aware of the payment deadline(s), and I am responsible for submitting my payment(s) on time.
* I am aware that the Program has a minimum attendance requirement of 90%. Failure to meet the attendance requirement may cause myself to be withdrawn and not be able to complete the Program.
* I agree that Converge Studios reserves the right to suspend/terminate any participants if their behavior/actions are deemed inappropriate, and no refunds will be given.
* I agree that Converge Studios reserves the right to use, reproduce, edit and distribute any photographs, motion picture, recordings, or any other record of me for any legitimate purpose, including commercial advertising.
* I do hereby release and forever discharge Converge Studios, their predecessor and successors, employees, agents and all other persons, corporation and entities from all claims, expenses, attorney fees, and causes of action or suits of any kind of nature associated with my involvement in the Program.

Participant’s Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION VII: DECLARATION FOR APPLICANTS (BELOW 18 YEARS OLD)**

*\*delete accordingly*

I, the undersigned, hereby consent to my \**child/ward* attending A.I.M Training Program (heretofore referred to as the “Program”) and agree to the following terms and conditions:

* I hereby declare that all information furnished in this form by my \**child/ward* are true and accurate.
* I acknowledge that my \**child/ward* is in good health and do not have any history or existing medical/physical condition that will interfere with or hinder my participation in the Program.
* I am fully aware of the payment deadline(s), and I am responsible for ensuring that the payment(s) is/are on time.
* I am aware that the Program has a minimum attendance requirement of 90%. Failure to meet the attendance requirement may cause my \**child/ward* to be withdrawn and not be able to complete the Program.
* I agree that Converge Studios reserves the right to suspend/terminate my \**child/ward* if the behavior/actions are deemed inappropriate, and no refunds will be given.
* I agree that Converge Studios reserves the right to use, reproduce, edit and distribute any photographs, motion picture, recordings, or any other record of my \**child/ward* for any legitimate purpose, including commercial advertising.
* I do hereby release and forever discharge Converge Studios, their predecessor and successors, employees, agents and all other persons, corporation and entities from all claims, expenses, attorney fees, and causes of action or suits of any kind of nature associated with my \**child/ward’s* involvement in the Program.

Name of Parent or Guardian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NRIC No./FIN : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_