## MADDOX DANCE STUDIO REGISTRATION FORM

| Students name                                 |                     |              |
|---|---------------------|--------------|
| Date of Birth Grade in school                 |                     |              |
| School attending                              |                     | release time |
| Mailing address                               | Chaha               |              |
| City  | _ State             |              |
| Home phone2 <sup>nd</sup> phone               |                     |              |
| Mother's NameFather's name                    |                     |              |
| Name of responsible party                     |                     |              |
| Auto=pay information                          |                     | card type    |
| Card Number                                   |                     | CVC          |
| Expiration Date                               |                     | CVC          |
| If parents address is differen                | t, please indicate_ |              |
| E-mail address<br>Important for communication | n, please keep cur  | rent         |
| Please advise us on any med                   | ical concerns       |              |

## AGREEMENT FOR PARTICIPATION:

- I (we) understand that dance/acrobatic classes may include, without limitation, dancing with props, stretching, barre work, across the floor, dance/acrobatic routines, and other related activities.
- I (we), further understand that all of the activities of the dance/acrobatic class/performance involve some degree risk of strain, or bodily injury. Maddox Dance Studio, and faculty are not responsible for lost personal property, or any injury.
- I(we) have read the studio policies on the website, and any handouts received, and am responsible for understanding the material contained in

|   | Tuition and Paymen<br>Calendar Obs            |  |          |  |  |  |  |  |
|---|---|--|----------|--|--|--|--|--|
| I (we) agree to be responsible for respecting deadlines, if applicable I(we) hereby acknowledge we have read the statements above and agree to participate accordingly.  Date Signature Signature |   |  |          |  |  |  |  |  |
| PLEASE LIST CLASSES   |   |  |          |  |  |  |  |  |
| Discipline Discipline Discipline  |   | _ Day Tii<br>_ Day Tii<br>_ Day Tii<br>_ Day Tii | me<br>me |  |  |  |  |  |
| Any additional list here  |   |  |          |  |  |  |  |  |
|   |   |  |          |  |  |  |  |  |
| Tuition and non-refundable registration fee due upon enrollment.  |   |  |          |  |  |  |  |  |
| Registration fee \$6<br>Reg fee   | <u>,                                     </u> |  |          |  |  |  |  |  |