MADDOX DANCE STUDIO REGISTRATION FORM

Students name		
Date of Birth	Current age	
Grade in school	School attending	Release time
Mailing address		
City	State	Zip code
Home phone	cell phone	2
2 _{nd} phone		
Mother's Name	cell	
Father's name	cell	
Name of responsible	oarty	
Auto-pay information		
card type	CVC	
If parents address is	different, please indica	e:
E-mail address	nication, please keep c	urrent.
Please advise us on a	ny medical 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: *Studio Policies Tuition*

and Payments Dress Code Class Schedules Calendar Observation policy Visitor Weeks Parking lot pattern.

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	Day Time	
Any additional list here:		
Tuition and non-refundable registrat Registration fee: \$35.00 for one stu	, 5	
Tuition		
Reg. fee		
Total		
Paid		