

**MADDOX DANCE STUDIO  
REGISTRATION FORM 25/26**

**Section A**

Students Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the student: ☐ Returning ☐ New

*Returning students skip to Section C.  
If you are new, please fill out all the information on the registration form. Thank you!*

**Section B**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School attending: \_\_\_\_\_  
Current age: \_\_\_\_\_ Grade in school: \_\_\_\_\_  
Release time \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Name of responsible party: \_\_\_\_\_  
Previous dance experience: ☐ Yes ☐ No  
If so, the last studio attended: \_\_\_\_\_

**Section C**

**Auto=pay information**

☐ Use card already on file ☐ Will pay check/cash

Card type: ☐ Mastercard ☐ Visa

Card Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ Expiration Date: \_\_\_\_-\_\_\_\_ CVC \_\_\_\_\_

**Section D**

**Medical concerns:**

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

More on other side

PLEASE LIST CLASSES YOU ARE INTERESTED IN:

*Returning students:* ☐ I would like to continue in the same classes  
☐ I would like to drop a class: \_\_\_\_\_  
☐ I would like to add a class: \_\_\_\_\_

*New students:*

Under age 7

- ☐ Ballet
- ☐ Creative movement
- ☐ Ballet/tap combo
- ☐ Beginning tap

Age 8 and up

- ☐ Ballet
- ☐ Tap
- ☐ Jazz
- ☐ Contemporary/Lyrical *\*Teacher approval required*
- ☐ Musical Theater *\*Teacher approval required*
- ☐ Acro *\*Teacher approval required*

**AGREEMENT FOR PARTICIPATION :**  
***Release and Waiver of Liability and Indemnity Agreement***

I understand that dance and acro classes may include dancing with or without mats, with props, barre work, across the floor combinations, dance routines in the center, and other related activities. I understand that the activities of the program may involve some degree of strain or possible bodily or personal injury. I further understand that the spotting and aligning of the body in class may require the instructor to physically touch the student's torso, feet, arms, hands and legs. Maddox Dance Studio is not responsible for personal property.

In consideration of participation in the program, I hereby freely and expressly assume and accept any responsibility arising from participation in the program. I hereby release Maddox Dance Studio, its owners, agents, employees from any and all liability which may occur during or arising out of participation in the program. I further agree to waive any claims or cause of action that I may have, and to indemnify and hold Maddox Dance Studio, its owners, agent, and employees, harmless from and against any and all claims, demands, causes of action, losses, damages, expenses related in any way directly or indirectly, to my child's participation in the program.

I have read the Parent/Student Handbook and agree to adhere to all the content stated therein including:

- Studio Policies
- Tuition and Payments
- Dress Code
- Traffic pattern
- Observation policy
- Class Schedules
- Calendar

- I(we) agree to be responsible for reading studio correspondence, emails and respecting deadlines, if applicable.
- I(we) hereby acknowledge we have read the statements above and agree to participate accordingly.
- I(we) hereby acknowledge we have read the 25/26 handbook

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

Tuition due: \_\_\_\_\_ Non-refundable registration fee due: **\$60.00 for family**

For office use only:  
Amount paid: \$ \_\_\_\_\_  
Date: \_\_\_\_\_