

Metro Dance Center

2016-2017 Registration Form

(Please use a separate form for each dancer. Please PRINT CLEARLY)

Dancer's Name: First _____ Last _____

Male _____ Female _____ Birthdate: _____ Age: _____

Street Address: _____

City _____ State _____ Zip _____

Primary Phone: (____) _____

e-mail address: _____

Note: Important information is sent via email on a monthly basis so please make sure to read the information carefully and regularly.

Would you like the monthly updates/reminders emailed to you? Yes No

Would you like to receive your bill via email? Yes No

Mom's Name: First _____ Last _____

Mom's Phone: Cell (____) _____ Work (____) _____

Dad's Name: First _____ Last _____

Dad's Phone: Cell (____) _____ Work (____) _____

Person Responsible for the Account _____

Address (if different from above) _____

Please list the classes the student will attend:

Class Style & Level	Day/Time	Instructor(s)
_____	_____	_____
_____	_____	_____

Please list any physical, emotional or behavioral issues that Metro Dance Center should be aware of:

Are you new to Metro Dance Center? Yes _____ No _____

If so, how did you hear about us? _____

Do you have a sibling that dances at Metro Dance Center? Yes _____ No _____

I understand that Metro Dance Center is not responsible for illness or injury by accident or other occurred at Metro Dance Center or any Metro Dance Center function. **I also understand that ALL tuition and membership fees are non-refundable.** All photos/videos taken at Metro Dance Center or any Metro Dance Center function may be displayed at Metro Dance Center, any Metro Dance Center event, on Metro Dance Center's website and on any Metro Dance Center advertising.

Signature _____ Date _____

For Office Use Only:

Date _____ Pmt Type _____ Amount _____ Initials _____