

# Metro Dance Center

## 2018-2019 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 \_\_\_\_\_