

For office use only
REG. PAID _____
1 <sup>st</sup> - 12 WKS _____



### ADULT DANCE REGISTRATION FORM • 2016/2017

DANCER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME # \_\_\_\_\_

PREFERRED E-MAIL \_\_\_\_\_ CELL # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ CELL # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Are you a parent of a MMDS dancer? YES NO (circle)

**PLEASE CHECK THE CLASSES YOU ARE REQUESTING:**

Adult Tap (Wednesdays from 7 – 7:45 p.m.) \_\_\_\_\_

Barre Fit Fusion (with a little bit of jazz) (Wednesdays from 7:45 – 8:45 p.m.) \_\_\_\_\_

**\$10.00 Registration Fee Due with Completed Registration Form for NEW ADULT DANCERS ONLY.  
\$0 Registration Fee for all Modern Movement Dance Studio Parents and returning dancers.**

**Tuition is due in 12 week increments as follows:**

\$96 for one class                      \$180 for 2 classes                      \$252 for 3 classes

**First 12 weeks of tuition is due at first class.  
Tuition is non-refundable once 12 week session has started.**

I, \_\_\_\_\_ (name of student), consent to the enrollment and instruction of said student at Modern Movement Dance Studio, Inc. for the 2016-2017 school year. I understand that in attending Modern Movement Dance Studio, Inc., and using its facilities, I do so at my own risk. Modern Movement Dance Studio, Inc. shall not be liable for any damage arising from personal injuries sustained by the student in or about the premises. The student assumes full responsibility for all injuries and damages which may occur in or about the premises and they do hereby fully and forever release and discharge the studio instructors, studio owner, and any other employees from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of the student's use of the studio and/or its facilities. Participation is entirely student's own choice and with the understanding of risk of accidental injury involved in any physical activity and the person hereinafter signing this form, as the student or on behalf of the student, accepts full responsibility for any and all such damage or injury.

**LIMITED MEDICAL OR PHYSICAL CONDITIONS:**

Please state any recommendations from physicians regarding limitations on physical activities due to medical or other physical causes, or other limitations that we should be made aware of. If there are no limitations, please state "none":

\_\_\_\_\_

**DANCER SIGNATURE** (must be over 18 years old)

**DATE**