

Majestic Dance Academy

Please print ALL information clearly.
Please fill out one form per family as there is ample space to list all dancers on this form.

Date Registered: _____ / _____ / _____

ADDRESS: _____

Street

City

Zip

Dancer Info:

	Name:	BIRTH DATE (MMM/DD/YYYY)	AGE	DANCER'S E-MAIL ADDRESS (If Applicable)	GRADE
1 st		/ /			
2 nd		/ /			
3 rd		/ /			

Parent/ Guardian Info:

	Name:	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE
<u>Mother</u>			() -	() -	() -
<u>Father</u>			() -	() -	() -
<u>Emergency Contact</u>			() -	() -	() -

Please Look on Reverse side for Policy Information

WAIVER OF LIABILITY

I, the undersigned parent or legal guardian of the dancer(s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by Majestic Dance Academy, Inc. I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Majestic Dance Academy, Inc and its officers, owners, directors, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer(s) listed above while participating at or for Majestic Dance Academy, Inc. Furthermore, I hereby give my permission to Majestic Dance Academy, Inc to use photographs and/or videos of the dancer(s) listed above as deemed appropriate for the promotion of Majestic Dance Academy, Inc.

INSURANCE & PERMISSION FOR TREATMENT

My signature below indicates my certification that I have medical insurance on the dancer(s) listed above and will maintain continuous medical coverage while he/she dances at Majestic Dance Academy, Inc. I also authorize Majestic Dance Academy, Inc and its owners, employees, directors, etc. to use standard first aid procedures on the dancer(s) listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any 360 Dance related activity including but not limited to a Majestic Dance Academy, Inc class, competition, show, etc.
(Please list your medical coverage info below...make sure that you inform 360 if this info changes.)

Insurance Company Name _____ Policy # _____

My signature below indicates I have Read, understand and will abide by the waiver of liability as well and the insurance and permission for treatment policies.

Parent/Guardian Signature: _____

WEBSITE

Please check one

- I, _____ **DO NOT** allow my child's pictures or information (Name) to be on the Majestic Dance Academy website.
- I, _____ **DO** allow my child's pictures or information (Name) to be on the Majestic Dance Academy website.

Majestic Dance Academy RULES, REGULATIONS & ATTENDANCE

My signature below also indicates that I have read, understand and will abide by all general rules and regulations that are set forth by Majestic Dance Academy, Inc and its owners, employees and directors and any additional rules or requirements as set forth throughout the year. I agree and understand if I fail to pay the monthly tuition by the tenth of each month I will receive and pay a \$15.00 late fee. If I fail to pay the late fee it will be posted to my account and be due with the future months tuition.

Parent/Guardian Signature _____

OFFICE USE ONLY!!

- LEOTARD _____ TIGHTS _____ SKIRTS _____ BALLETS _____ JAZZ _____
- PAWS _____ TSHIRTS _____ CAR DECALS (\$8.00) _____ _____

Enrollment Fee: _____

Tuition Payment: _____

CASH

CHECK

CHECK # _____

TOTAL AMOUNT RECEIVED:
