

MADDOX DANCE STUDIO REGISTRATION FORM

Students name _____

Date of Birth _____ current age _____

Grade in school _____

School attending _____ release time _____

Mailing address _____

City _____ State _____ zip code _____

Home phone _____ Cell phone _____
2nd phone _____

Mother's Name _____ cell _____

Father's name _____ cell _____

Name of responsible party _____

Auto=pay information: card type _____

Card Number _____

Expiration Date _____ CVC _____

If parents address is different, please indicate _____

E-mail address _____

Important for communication, please keep current!

Please advise us on any medical concerns _____

Please note, due to restrictions, the office is now on a very limited day and time schedule. We will always address any needs, questions, concerns, please always feel free to leave us messages, which we will get back to you as quickly as possible. Thanks for your cooperation!

Registration Fee is a flat 45.00

AGREEMENT FOR PARTICIPATION :

I (we) understand that dance/acrobatic classes may include, without limitation, dancing with props, stretching, barre work, across the floor, dance/acrobatic routines, and other related activities.

I (we), further understand that all of the activities of the dance/acrobatic class/performance involve some degree risk of strain, or bodily injury.

Maddox Dance Studio, and faculty are not responsible for lost personal property, or any injury.

I(we) have read the studio policies on the website, and any handouts received, and am responsible for understanding the material contained in

Studio Policies	Tuition and Payments	Dress Code	Class
Schedules	Calendar	Observation policy and	Visitor Weeks
Parking lot pattern all Covid related waiver/protocol			

I (we) agree to be responsible for respecting deadlines, if applicable.
I(we) hereby acknowledge we have read the statements above and agree to participate accordingly.

Date_____ Signature_____

Signature_____

PLEASE LIST CLASSES_____

Discipline_____	Day Time_____
Discipline_____	Day Time_____
Discipline_____	Day Time_____
Discipline_____	Day Time_____
Discipline_____	Day Time_____
Discipline_____	Day Time_____

Any additional list here

Please know all fees are non-refundable, do not pay ahead for succeeding months.

Office use only: Date received