



## Registration Form

**Primary Contract** - The Primary Contract is the person responsible for the payment of this account.  
( Please print clearly)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address \_\_\_\_\_

This email address will be solely used for correspondence relating to MgM and your child.

Address \_\_\_\_\_ City, ST \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent/Guardian Information:** Please provide all data that differs from the Primary Contract listed above.

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, ST, Zip \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please read the following carefully and sign. Students will not be permitted to take class until signed.

**Liability Release:** I hereby release MgM. Dance Studio, Mary G Mock, or her agents or employees, heirs, successors and assign, from any liability or claim of student, or students' parent or legal guardian, arising out of any injury or accident resulting from normal class activity or student negligence. We understand that there are inherent risks in any physical or athletic activity and that students and parents or legal guardian acknowledge this. We hereby agree to indemnify and hold harmless MgM Dance Studio, Mary G Mock, her agents or employees, successors and assign, against any liability, claim or expense including attorneys' fees and costs, arising out of any claim or suit with respect to the actions of students while a student at the studio or any injuries or claims occurring during the study of dance at the studio.

**Studio Policies:** The undersigned hereby consents to the enrollment of \_\_\_\_\_  
( Student's Name)

as a student at the MgM Dance Studio. Such enrollment shall be subject to policies established by the MgM Dance Studio. I have read the MgM studio policies , rules and dress code and agree to abide by them. I agree to be responsible for all tuition payments of the above named student . I understand that a monthly tuition is due by the 1<sup>st</sup> of each month and will be considered late after that date and will be assessed a late fee. Should the student need to withdraw, a Withdrawal Form must be completed and turned in one month prior to withdrawal to avoid being required to pay further tuition payments. Mary G Mock reserves the right at any time to termination of any student who fails to comply with the policies and rules of the studio. In the event of termination of enrollment any deposit shall be forfeited.

**Photo Release:** I understand that photos of students may be used for advertisement purposes and hereby grant permission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/District \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Pertinent Medical Information:**

Are there any medical or other health factors that might affect the participant's performance in this activity?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ (explain) \_\_\_\_\_

Is the participant taking any medication that might affect his/her safety or performance in this activity?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ (explain) \_\_\_\_\_

<b>Emergency Contact:</b>		
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Classes Requested	Day	Time	*Alternate Choice

\* If the class you requested is not available what class would you take to replace it.

**New Students Only:**

Previous Training : \_\_\_\_\_

Please tell us where you heard about MgM

Flyer      Newspaper      Studio Website      Search Engine

Parade or show      Referred by \_\_\_\_\_ (Student, parent etc)