

# Mainstream Dance Registration Form

20\_\_ - 20\_\_

Dancer Name	Parent/Guardian
Address	Address
	Email:
Dancer Birthday	Phone (h)
Dancer Age	Phone (w)
	Phone (c)
Emergency Contact Info	
Name	Class Name/Day/Time:
Phone 1	
Phone 2	

**Circle** the total class hours per week:

.75-1 H   1.25 H   1.5 H   1.75 H   2 H   2.25 H   2.5 H   2.75 H   3 H   3.25 H

3.5 H   3.75 H   4 H   4.25 H   4.5 H   4.75 H   5 H   UNLIMITED HOURS

**Circle** your payment plan: (Your selected plan may not be changed once chosen)

Monthly	Quarterly (Save 5%) (only if registered by Aug.31)	Annually (Save 10%) (only if registered by Aug. 31)
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**Initial Each:**

- \*Monthly payments are due first day of month regardless of studio closings, holidays, or the day your child's class falls on.
- A \$10 LATE FEE WILL BE ADDED after the 6th of each month.
- \*First payment is due at registration. Registration is incomplete until payment is made. (This includes quarterly and annual payments)
- \$15 Registration fee must be included with all registrations

	Payment Description:	
Check #	Description of Fees:	Cash
Amount		Amount
Date		Date
Notes		Initials _____

**Other fees and due dates!**

- Initial Each:**
- \*\$15 Registration fee **due at registration.** (only 1 per family)
  - \*\$40 Recital fee (\$35 for siblings), **DUE OCTOBER 1st**
  - \*\$25 Down payment on each recital costume **DUE OCTOBER 1st**
  - \*Costume balance is **due DECEMBER 1st.** No costumes ordered until paid for in full. (Balance on costume will be announced by Nov. 10)

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Page 2

Medical Release Form

Date: \_\_\_\_\_ Dancer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician #: \_\_\_\_\_

Are there any medications that should NOT be given? YES or NO

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy: \_\_\_\_\_ Contract: \_\_\_\_\_

I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services for my child in regard to this authorization. I will not hold Mainstream Dance instructors or staff responsible for any injury or illness.

I give my child permission to ride in any vehicle designated by the entrusted adult while participating in activities of Mainstream Dane.

Mainstream Dance has my permission to use photos of my child participating in activities at Mainstream Dance for marketing and publicity purposes in all manner of media (newspaper, brochure, newsletter, website, etc.).

This release waiver is completed and signed of my own free will which consitutes an understanding with Mainstream Dance for my child.

Signed: \_\_\_\_\_

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