



Family Registration Form

Family Information

Last Name _____
 Mom's Name _____
 Dad's Name _____
 Address _____

 Home Phone Number _____
 Mom Cell Number _____
 Dad Cell Number _____
Emergency Contact
 Name _____
 Phone Number _____
 Email address _____

Dancer(s) Information

Last Name _____
 (1) First Name _____
 Date of Birth _____
 (2) First Name _____
 Date of Birth _____
 (3) First Name _____
 Date of Birth _____
 (4) First Name _____
 Date of Birth _____
 (5) First Name _____
 Date of Birth _____

Class Information

Dancer Name _____	Class Name _____	Day _____	Time _____
Dancer Name _____	Class Name _____	Day _____	Time _____
Dancer Name _____	Class Name _____	Day _____	Time _____
Dancer Name _____	Class Name _____	Day _____	Time _____
Dancer Name _____	Class Name _____	Day _____	Time _____
Dancer Name _____	Class Name _____	Day _____	Time _____

Tuition Information

Tuition Total..... \$ _____
 Less discounts..... \$ _____
 Annual Student Registration Fee.... \$ _____
 Total Tuition Due..... \$ _____

Payment Plan (please circle)

Plan 1 Plan 2 Plan 3

Payment Information

Cash# _____
 Check# _____
 VISA/MC _____
 Exp _____ Security Code _____

Photo Release for Children Under 18 Years of Age

I understand that StudioM Dance Company may photograph or videotape my dependent in classroom settings and/or during performances or rehearsals. Further, I understand that StudioM Dance Company may wish to use photographs or video of my dependent for publicity purposes.

I hereby grant to StudioM Dance Company the right to use photographs of my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing.

Name of child: _____

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

Date: _____

I do not wish for StudioM Dance Company to use photographs or video of my child for publicity purposes.

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

I recognize and acknowledge that there are certain risks of physical injury to participants in sports or activities involving height or motion, including but not limited to dance. I agree to assume the full risk of any such injuries, damages or loss regardless of the severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I my child/ward may have against NIAG, Inc, d/b/a The Energym Sports Campus; TMG, LLC; StudioM Dance Company and its officers, agents, servants, and employees as a result of participating in any of the program(s).

In the event of an emergency, I would like the above mentioned child to be taken to the hospital for medical treatment and I hold StudioM Dance Company and its representatives harmless in the execution of this action.

I have carefully read and understand the Acknowledgement of Risk and Waiver of Liability and Medical Authorization and understand that my signature is required below in order for my child/ward to participate in StudioM Dance Company programs.

Signature _____ Date _____



Where Every Child is a Star!

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(Inside Energym Sports Campus)
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www.studiom-dancecompany.com