



# 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!**

1715 DeKalb Avenue  
(Inside Energym Sports Campus)  
Phone: 815-899-7868 ★ Fax: 815-899-6429  
[www.studiom-dancecompany.com](http://www.studiom-dancecompany.com)