



### REGISTRATION INFORMATION

There is a \$25.00 registration fee for each student, \$10.00 for a second family member and \$5.00 each additional family member.

PERSONAL INFORMATION		
Dancer's Full Name (Last, Middle, First)	Age	Birth Date (mm/dd/yyyy)
Parent(s)/Guardian(s)		Phone Number
Address (Street, City, State, Zip)		Email
Emergency Contact (Name and Phone Number)		
DANCE EXPERIENCE		
Please check which genre of dance you have had any experience in, and list how many years you have been dancing.		
<input type="checkbox"/> Ballet: ____ yrs	<input type="checkbox"/> Jazz: ____ yrs	<input type="checkbox"/> Hip Hop: ____ yrs
<input type="checkbox"/> Modern: ____ yrs	<input type="checkbox"/> Tap: ____ yrs	<input type="checkbox"/> Acro: ____ yrs
GOALS		
Please explain or identify any dance related goals you hope to accomplish or specific classes you wish to take.		
ALLERGIES OR HEALTH CONDITIONS		
Please list any allergies or health concerns.		
CLASSES AND TUITION		
Please list the number of classes and/or type of classes you will register for. See complete tuition prices in studio policies.		
____ Mommy & Me or Child 2 - 4 Class (\$45/month)	____ Child 5 - 6 class (\$60/month)	____ General Dance Classes (tuition varies)
____ Voice/Songwriting (\$80/month)		
Total number of classes: _____ Registration fee \$ _____ Monthly tuition of \$ _____ Total Fees \$ _____		
WAIVER INFORMATION		
_____(Participant or Child's Name), volunteers to participate in the Mallory Academy of Dance programs. There are certain risks to any dance program and I declare myself (or my child) physically sound and have medical approval to participate in dance and/or acro classes at the Mallory Academy of Dance.		
_____ I acknowledge that I have read and understand the studio policies for the Mallory Academy of Dance and take full responsibility for my/my child's behavior.		
I agree that the Mallory Academy of Dance, its employees, guest instructors, and any independent contractors are exempt from liability for any injury or disability that may be incurred as a result of dance and/or acro instruction. Additionally, as a student at the Mallory Academy of Dance, you grant permission for your child to be photographed for studio promotional purposes only. If you do not wish for your child to be photographed, please submit your request in writing.		
X _____ Student (if 18 & over) or Parent/Guardian Signature		_____ Date