

THE MADISON STUDIO OF DANCE EDUCATION

1575 FOREST HILL ROAD

MACON, GA 31210

(478) 361-9945

REGISTRATION FORM

Date: _____

Please note that Recital fees are due at time of registration/enrollment.

Student's Name _____

Address: _____

Zip Code: _____ -

Phone (home): _____

Parent/Adult Dancer work phone(s) _____

Cell phone(s) _____

Any Additional emergency contact –

Name & Number _____

E-Mail Address (required): _____

Dancer's Age _____ **Dancer's Date of Birth:** _____

Parent(s) Names: _____

School Dancer Attends/ Adult Dancer Work Place: _____

Grade: _____

List any previous dance experience and teachers' names:

Is there anything the teacher should be aware of? (allergies, special needs, etc.)

Class Level, day and time requested: _____

Liability Release

Realizing any physical activity carries an element of risk of injury, we/I agree that _____ be allowed to participate in dance classes and their related activities/programs. We/I release Jane Madison from liability for any injuries incurred or arising from the student's participation in any dance activities and events. I also understand that registration is on (check one) ___ school year's ___ summer basis and I am obligated through the end of said term. If withdrawal from the studio must be made, a 60-day advance written notice must be given before withdrawing during the school-year term, and tuition will continue to be due until the end of 60 days.

Date _____ Parent(s) or Adult Dancer signature(s):

Registration fees: 1 student per family: \$25.00; 2 students per family: \$45.00; 3 students per family: \$60.00;
Second Semester start: \$15 per student.