

The Madison Studio of Dance Education, LLC

1575 Forest Hill Road, Macon, Georgia 31210
(478) 361-9945

Date: _____

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

Student's Name _____

Address: _____

Zip Code: _____

Phone (home): _____

Cell phone(s): _____

E-mail address (required) _____

Any Additional emergency contact –

Name & Number _____

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 to injury, we/I agree that _____ be allowed to participate in dance classes and their related activities/programs. We/I release The Madison Studio, LLC and its faculty from liability for any injuries or illnesses incurred or arising from the student's participation in any dance activities and events.

I also understand that registration is on a school year's basis and we are paying by _____ (choose month/installment/year) and I am obligated through the end of said term. Sixty day written notice must be given for withdrawal to be acknowledged from the school or tuition will still be incurred and will continue to be due until the end of the 60 days. We allow our dancer to be portrayed via marketing materials and social media for the studio in a positive manner that reflects dance as a means of empowerment and positivity.

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.