

Family Last Name: _____ **Year: 2023/24**

MERCED ACADEMY OF DANCE

REGISTRATION FORM

Student Name #1: _____ **Grade & Age:** _____ **Level of Class (Circle Below)**

Monday	Tuesday	Wednesday	Thursday
		Intro to Dance	
		Beginning Ballet 1	
Intermediate Ballet		Beginning Ballet 2	
Adv. Intermediate Ballet	Beginning Ballet 1	Intermediate Ballet	Jr. Company Ballet
Intro to Dance	Beginning Ballet 2	Adult Ballet	Jr. Co./Adv. Int. Contemporary
Adult Ballet	Jr. Company Ballet	Advanced Contemporary	Adv. Intermediate Ballet
Advanced Ballet	Advanced Ballet	Advanced Ballet	Advanced Ballet Pointe

Student Name #2: _____ **Grade & Age:** _____ **Level of Class (Circle Below)**

Monday	Tuesday	Wednesday	Thursday
		Intro to Dance	
		Beginning Ballet 1	
Intermediate Ballet		Beginning Ballet 2	
Adv. Intermediate Ballet	Beginning Ballet 1	Intermediate Ballet	Jr. Company Ballet
Intro to Dance	Beginning Ballet 2	Adult Ballet	Jr. Co./Adv. Int. Contemporary
Adult Ballet	Jr. Company Ballet	Advanced Contemporary	Adv. Intermediate Ballet
Advanced Ballet	Advanced Ballet	Advanced Ballet	Advanced Ballet Pointe

Student Name #3: _____ **Grade & Age:** _____ **Level of Class (Circle Below)**

Monday	Tuesday	Wednesday	Thursday
		Intro to Dance	
		Beginning Ballet 1	
Intermediate Ballet		Beginning Ballet 2	
Adv. Intermediate Ballet	Beginning Ballet 1	Intermediate Ballet	Jr. Company Ballet
Intro to Dance	Beginning Ballet 2	Adult Ballet	Jr. Co./Adv. Int. Contemporary
Adult Ballet	Jr. Company Ballet	Advanced Contemporary	Adv. Intermediate Ballet
Advanced Ballet	Advanced Ballet	Advanced Ballet	Advanced Ballet Pointe

Student Name #4: _____ **Grade & Age:** _____ **Level of Class (Circle Below)**

Monday	Tuesday	Wednesday	Thursday
		Intro to Dance	
		Beginning Ballet 1	
Intermediate Ballet		Beginning Ballet 2	
Adv. Intermediate Ballet	Beginning Ballet 1	Intermediate Ballet	Jr. Company Ballet
Intro to Dance	Beginning Ballet 2	Adult Ballet	Jr. Co./Adv. Int. Contemporary
Adult Ballet	Jr. Company Ballet	Advanced Contemporary	Adv. Intermediate Ballet
Advanced Ballet	Advanced Ballet	Advanced Ballet	Advanced Ballet Pointe

CONTACT INFORMATION

Home address: _____ City: _____ Zip: _____
 Home phone: (_____) _____ - _____
 Mother: (_____) _____ - _____
 Father: (_____) _____ - _____
 Dancer: (_____) _____ - _____

Email address to receive important updates from M.A.D.: _____

Responsible party's name (& address/phone if different): _____

TUITION

____ (Please Initial) I understand that tuition can be paid by the year, semester, or month. I also understand that if I choose to pay **monthly**, tuition will be **due by the 10th of every month**. If tuition is paid late, a **\$10 late fee will be added to the following month**. Yearly tuition is due by **Sept 5th, 2023**. Semester tuitions are due by **Sept 5th, 2023 and Feb 1st, 2024** for each semester.

I choose to pay to pay by the: (Please check one) _____ MONTH _____ SEMESTER _____ YEAR

I choose to pay to pay by: (Please check one) _____ CASH/CHECK/MONEYORDER _____ DEBIT/CREDIT

There will be a 3.5% + 15¢ processing fee per transaction for credit/debit card processing. _____ (Please Initial)

Registration Fee: \$25 is due upon registration, but will be waived if paying by the year or semester.

Performance Fee: \$75 is due by November 1st (or if registering after Nov. 1st, due upon registration).

Performance fee covers costume rentals, cleaning, and maintenance fees for all costumes used by you or your dancer.

Student Name #1: _____ **# of classes:** _____ **Tuition:** _____

(The sibling taking the most amount of classes per week pays full tuition, additional siblings taking the same amount or fewer classes per week receives a 20% discount off of their tuition.)

Student Name #2: _____ **# of classes:** _____ **Tuition:** _____

Student Name #3: _____ **# of classes:** _____ **Tuition:** _____

Student Name #4: _____ **# of classes:** _____ **Tuition:** _____

Billing address: _____ City: _____ Zip: _____

Billing phone: (_____) _____ - _____ (home) (_____) _____ - _____ (cell)

Total payment due for family (each month/semester/year): _____

For Office Use Only:

Amount Paid	Payment Method: (Include check number if applicable or if paid by card)	Notes: (What did the costumer pay for)

MERCED ACADEMY OF DANCE

LIABILITY/WAIVER RELEASE FORM

Please read carefully before signing. This is a release and waiver of certain legal rights.

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Merced Academy of Dance and/or Merced Civic Ballet and hereby agrees to indemnify and hold harmless Merced Academy of Dance and/or Merced Civic Ballet, its instructors, directors, and employees against any liability resulting from any injury that may occur to the participant while participating in activities of Merced Academy of Dance and/or Merced Civic Ballet. The participant also agrees to indemnify Merced Academy of Dance and/or Merced Civic Ballet for any damages incurred arising from any claims, demand, action, or course of action by the participant.

The participant authorizes any representative of Merced Academy of Dance and/or Merced Civic Ballet to have the participant treated in any medical emergency during their participation in activities of the Merced Academy of Dance and/or Merced Civic Ballet. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

Any special medical/health problems of which the staff should be aware of are attached to this form. I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE. ADDITIONALLY, I READ AND AGREE TO ABIDE BY ALL ENCLOSED POLICIES AND PROCEDURES.

Parent/Guardian Name (if student is under 18)

Parent/Guardian Signature

Date

Student's Name (Please Print)

Student's Signature (if over 18)

Date

PHOTOGRAPH/LIKENESS RELEASE

I (We), _____, (age 18 or over, no longer a minor) OR (the parents(s)/legal guardian(s) of _____, age(s) _____, a minor) authorize Merced Academy of Dance/Merced Civic Ballet, and/or their representatives, agents, or employees to use any photograph/likeness of my child for any purposes, including publicity, choreographic archives, promotional materials, and/or any other reason deemed appropriate by the Academy Directors.

Parent/Guardian OR Student Signature

Date

EMERGENCY PROCEDURE FORM

Student Name: _____

Home Address: _____ **City:** _____ **Zip:** _____

Circle all that apply below! If more than one student, circle all classes that apply to the students.

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Adult Ballet	Jr. Company Ballet	Advanced Contemporary	Adv. Intermediate Ballet
Advanced Ballet	Advanced Ballet	Advanced Ballet	Advanced Ballet Pointe

EMERGENCY CONTACTS

Name & Relation	Primary Phone	Secondary Phone
Parent #1:		
Parent #2:		
Other, please specify:		

Any allergies, medical conditions, or restrictions that we need to know about. If more than one student, list their names first then the information that pertains to each student:

Parent/Guardian Name (if under 18) Parent/Guardian Signature Date

Student's Name (if 18 or older) Student's Signature (if 18 or older) Date