



REGISTRATION 2014 - 2015

Account Name (Parent Name) Parent Last Parent First
Student's Name Last First Birth date
Street Address
City State Zip
Phones Home Work Cell

Please issue a primary email address. (If both parents wish to be emailed, please include both addresses)

Email address Mother
Email address Father

School Grade

How did you hear about us? Friend Mailer Recommendation
Already a Student Other specify

Emergency Contact Last First Relationship

Emergency Phones 1. 2.

Classes \$ (1) Day Time
Monthly Tuition Registration Fee

- a. Tuition, registration fees, costume payments, recital tickets are non-refundable and non-transferable.
b. 1. A full month's classes shall be 3-5 classes per month
c. Students who miss a class must notify the front desk staff in advance...
d. I, the undersigned, acknowledge that I have read the above paragraph...
e. I will not directly contract with any current or former choreographer/instructor...
f. I give M2 and the Indiana Danzforce the right and permission to film, photograph, or video tape...

Parent Signature Date
(to be signed by parent or guardian if under 18 years of age)

Student Signature (to be signed by student 18 years of age ) Date