

- New Student
- Returning Student

Main Street Dance & Martial Arts
111 South First Street Peotone, IL 60468
www.mainstreetdance.biz

Registration Form

Student:

Last Name: _____ First Name: _____

Sex: M F Age: _____ Date of Birth: ___/___/_____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent or Legal Guardian:

(If student is under 18 years of age, a parent or legal guardian's permission is required.)

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Student: _____

Home Phone: (____) ____ - _____ Alternate Phone: (____) ____ - _____

Email Address: _____

Emergency Contact:

Last Name: _____ First Name: _____

Relationship to Student: _____

Phone: (____) ____ - _____

*Please note: Your 1st Installment and tuition contract must be completed before classes begin.
Forms are available online or at the studio.

Classes:

Class:	Day:	Time:	Code:	Years of Experience

Tuition \$_____ (1st Student)

\$_____ (2nd Student)

\$_____ (3rd Student)

\$_____ (4th Student)

Registration Fee \$_____

10% Family Discount \$_____

Total \$_____

Payment Schedule:

Schedule/Fees	Payment Due	Paid	Method	Balance
September + Fee				
October				
November				
December				
January				
February				
March				
April				
May				
Total				

Main Street Dance and Martial Arts Enrollment and Tuition Waiver

*Please initial next to each line item and print your information at the bottom. Thank you!

_____ I understand that MSDA communications will be sent via email or eblast. I am responsible for updating my email information in the Studio Director program or by notifying the MSDA front desk.

_____ I understand that if I opt for automatic payment through the MSDA Studio Director, I am responsible for updating outdated payment information.

_____ I understand that by enrolling in classes at Main Street Dance/Martial Arts that I am expected to make a full commitment to the entire session. Less any unforeseen schedule changes, the entire session is 34 weeks of instruction plus dress rehearsal week/Showcase.

_____ I understand that all scheduled Showcase rehearsals, photo calls and show dates are mandatory and full participation is expected.

_____ I understand that any schedule changes, including dropping or adding classes, must occur during the first 2 weeks of class. After that date, if classes are dropped, **FULL tuition** for those dropped classes will still be due for the remainder of the session.

_____ I understand and agree to comply with the dress code, including footwear.

_____ I understand that the instructor has final discretion as to a dancer participating in the Showcase. I understand that a student's class attendance, especially during the months of April and May, is a significant factor in the decision. Poor class attendance could result in dismissal from the Showcase performances.

_____ I understand that MSDA and MSMA students are expected to arrive for class on time. Students should use the restroom before class begins. Students will not be dismissed from class unless there is an emergency. Students showing up more than 5-10 minutes late may be asked to observe rather than participate. This is in the best interest of the student's safety and is meant to serve as injury-prevention.

_____ I understand that tuition is calculated to include costume fees and one showcase performance DVD for **performing classes only**. Showcase items, including tickets, picture packages, accessories, shoes and tights are the responsibility of the students/parents.

_____ I understand that while utilizing the studio lobby, I will silence my cell phone, keep conversations at an appropriate volume and content and maintain control of small children. Running and yelling or playing in the boutique area will not be permitted.

STUDENT'S NAME (please print): _____

PARENT'S NAME (please print): _____

DATE: _____ MSD/MSMA STAFF: _____

Medical Treatment Authorization and Liability Release

*Please read through and provide the appropriate signatures below.

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son _____ to participate in classes at Main Street Dance/Martial Arts. In order for my child to receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in this activity, I hereby authorize the instructor or other supervising adult to obtain medical treatment for my child for such injury or illness during the activity, and hereby hold Main Street Dance/Martial Arts instructors, staff and representatives, and Main Street Dance harmless in the exercise of authority.

I hereby release Main Street Dance, associated agencies and staff, from any and all claims for damages or injuries which I or my student may sustain while traveling to or from or while participating in any Main Street Dance activities.

My child and I have read and understand the above medical treatment authorization and liability release.

Signature of Parent/Guardian

Date

Signature of Student 18 or over

Date