



# Momentum Dance Center

Trial Date: \_\_\_\_\_

Registration Date: \_\_\_\_\_

How'd You Hear About Us? \_\_\_\_\_ Referral Family Name: \_\_\_\_\_

**Contact #1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact #2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary Address for Correspondence:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact: (Not a Parent)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Circle One:** Student **May** or **May Not** be photographed for use in advertising, website or other media publications.

Student participates at own risk. Momentum is not liable for any injury resulting from normal activity in dance classes. Parent/Guardian has received the student handbook & will abide by the policies and procedures in it. If tuition is received after the 5<sup>th</sup> of the month a \$20 late fee will be added to my account.

**Parent Signature or Student, if over 18** \_\_\_\_\_

<b>Student:</b> First Name: _____	Last Name: _____
Birth Date: _____	
Cell Phone: _____	Email: _____ School: _____ Grade _____
Medical Problems/Special Needs? _____	Medications? _____
Class 1 _____	Day & Time _____ Instructor _____
Class 2 _____	Day & Time _____ Instructor _____
Class 3 _____	Day & Time _____ Instructor _____
Class 4 _____	Day & Time _____ Instructor _____
Class 5 _____	Day & Time _____ Instructor _____
Class 6 _____	Day & Time _____ Instructor _____

Office Use: Date: \_\_\_\_\_ Reg Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_ Check # \_\_\_\_\_ CC \_\_\_\_\_ Cash \_\_\_\_\_