



## Family Registration Form 2018-2019

**1. Participant's Name:** \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ / Month \_\_\_\_\_ / Year \_\_\_\_\_

Medical Information

Medical Conditions: \_\_\_\_\_

Special Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ EpiPen: Yes No

MCP #: \_\_\_\_\_ Exp: \_\_\_\_\_

**2. Participant's Name:** \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ / Month \_\_\_\_\_ / Year \_\_\_\_\_

Medical Information

Medical Conditions: \_\_\_\_\_

Special Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ EpiPen: Yes No

MCP #: \_\_\_\_\_ Exp: \_\_\_\_\_

**3. Participant's Name:** \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ / Month \_\_\_\_\_ / Year \_\_\_\_\_

Medical Information

Medical Conditions: \_\_\_\_\_

Special Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ EpiPen: Yes No

MCP #: \_\_\_\_\_ Exp: \_\_\_\_\_

**General Information**

Parents Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Alternate Cell (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Email (if applicable): \_\_\_\_\_

**Waiver**

I, the undersigned certify that I am the registered student or the parent/legal guardian of the registered student under 18 years of age. I hold harmless the owner/director and faculty of Fusion Dance Studio from all injuries, loss of personal property that may arise from participation in rehearsal, performance or related travel. I further authorize any representative of Fusion Dance Studio to obtain any medical treatment that may be deemed necessary. I have read, understand and agree to the terms and conditions of Fusion Dance Studio.

\_\_\_\_\_  
**X**

Parent/Guardian

\_\_\_\_\_  
**X**

Date

**Credit Card Information & Authorization**

Name on Card:

\_\_\_\_\_

VISA

MASTERCARD

Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiry Date: \_\_\_\_\_/\_\_\_\_\_

I hereby authorize Fusion Dance Studio to charge my credit card for tuition fees.

Monthly

Term (varies)

I hereby authorize Fusion Dance Studio to charge my credit card for costume deposits in the month of December at \$60.00 per costume, per dance. By ticking, I agree to purchase the costume in its entirety.

I would like extra costume payments withdrawn monthly.

Amount: \_\_\_\_\_

I hereby authorize Fusion Dance Studio to charge my credit card for costume remainders and final payments charged in March.

X

\_\_\_\_\_  
Cardholder's Signature

X

\_\_\_\_\_  
Date

## **Class Information**

**Participant's Name:** \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Teacher: \_\_\_\_\_ Class Length: 30 45 60 90 minutes

Show # \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Teacher: \_\_\_\_\_ Class Length: 30 45 60 90 minutes

Show # \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Teacher: \_\_\_\_\_ Class Length: 30 45 60 90 minutes

Show # \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Teacher: \_\_\_\_\_ Class Length: 30 45 60 90 minutes

Show # \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Teacher: \_\_\_\_\_ Class Length: 30 45 60 90 minutes

Show # \_\_\_\_\_

