



Family Registration Form 2019-2020

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 (if under 18): _____

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

Class Information

1. Participant's Name: _____

Class: _____ Day: _____ Time: _____

Teacher: _____ Class Length: 30 45 60 90 minutes

Show # _____ Cost: _____

2. Participant's Name: _____

Class: _____ Day: _____ Time: _____

Teacher: _____ Class Length: 30 45 60 90 minutes

Show # _____ Cost: _____

3. Participant's Name: _____

Class: _____ Day: _____ Time: _____

Teacher: _____ Class Length: 30 45 60 90 minutes

Show # _____ Cost: _____

4. Participant's Name: _____

Class: _____ Day: _____ Time: _____

Teacher: _____ Class Length: 30 45 60 90 minutes

Show # _____ Cost: _____

5. Participant's Name: _____

Class: _____ Day: _____ Time: _____

Teacher: _____ Class Length: 30 45 60 90 minutes

Show # _____ Cost: _____

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.

- 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

OFFICE USE ONLY

