



## Individual Registration Form 2019-2020

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

Parents Name (if under 18): \_\_\_\_\_

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

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

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

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

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

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

Date of Birth (if applicable):

Day \_\_\_\_\_/Month \_\_\_\_\_/Year \_\_\_\_\_

Existing Student

New Student

### **Medical Information**

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

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

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

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

## **Class Information**

1. Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

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

Show # \_\_\_\_\_ Class Price: \_\_\_\_\_

2. Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

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

Show # \_\_\_\_\_ Class Price: \_\_\_\_\_

3. Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

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

Show # \_\_\_\_\_ Class Price: \_\_\_\_\_

4. Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

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

Show # \_\_\_\_\_ Class Price: \_\_\_\_\_

5. Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

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

Show # \_\_\_\_\_ Class Price: \_\_\_\_\_

6. Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

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

Show # \_\_\_\_\_ Class Price: \_\_\_\_\_

7. Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

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

Show # \_\_\_\_\_ Class Price: \_\_\_\_\_

## 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- I would like extra costume payments withdrawn monthly.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

