

MAD ABOUT DANCE ACADEMY - REGISTRATION FORM

Mr. _____ Ms. _____
 Youth _____ Youth _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (home) _____ Work: _____ Cell: _____
 Email: _____ (important for contacting you)

| Qty. | Class Description | Start Date | Location | \$ Amount |
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How did you hear about us? Friend Flyer Internet Search Yellow Pages Dance Event

REFERRAL NAME: _____ Who Referred You?

Payment Method: (*Select One*) Cash Check # _____

Credit Card (\$2 service processing charge with use) Visa Mastercard Discover

Credit Card # ____ / ____ / ____ Expiration: (m) ____ (yr.) ____

Mail & Make Checks Payable To: Music And Dance Productions, Inc. P.O. Box 58492, Raleigh, NC 27658-8492

Office Phone: Area Code (919) 494-2300, Fax (919) 494-2372 web: www.MusicAndDance.com

It is with full knowledge of the type of activities that the student(s) will be exposed to during the course of dance instruction that the student(s) knowingly and understandingly assume the risk of all injuries that may occur to the student(s) as a participant, spectator or otherwise participate in said dance activities by Music And Dance Productions, Inc. and Mad About Dance Academy, does hereby irrevocably, personally and of his heirs and assigns, release and waive any and all past, present and future claims, demands, and causes of actions which the undersigned now has or may have in the future against Music And Dance Productions, Inc. and Mad About Dance Academy, Instructor or third party owning the property utilized by Music And Dance Productions, Inc.

Discourse of potential health problems: _____

HEREBY CERTIFY THAT I HAVE DISCLOSED ANY AND ALL HEALTH PROBLEMS OR POTENTIAL HEALTH PROBLEMS IN THE APPROPRIATE SPACE ABOVE:

Student Acceptance Signature X _____ **Student Acceptance Signature X** _____

Office use only : QKBPro: ____ DBASE: ____ Office Adm: _____