

Metamorphosis Registration Form

Student/Family Last Name		Student First Name:	
Credit Card Authorization (opt)		Payment may also be made over the phone or by check	
Credit Card #			
Expiration Date:	CVC Code #		
*Authorized Signature			
Parent/Guardian Name(s)			
Mailing Address:			
City:			Zip:
Cell Phone:		Alt. Cell Phone	
Home Phone:		Alt. Home Phone	
Place of Business:		Alt Place of Business:	
Work Phone:		Alt. Work Phone:	
E-Mail:		Alt. E-Mail:	
How did you hear about us? (If from a friend , list their name):			
<p><i>I understand that dancing and the exercises associated with it place unusual stresses on the body, and carry with them the risk of physical injury and that I assume that risk, (or if student is a minor, I assume the risk on behalf of my child or ward) and do not hold The Dance Co., its employees, agents, officers, directors, or successors responsible for any injuries or accidents caused by, or arising from, the above described activities or any activities related thereto whether they occur on the premises of The Dane Co. or while student is participating and/or representing The Dance Co. events.</i></p>			
Signature of Parent or Guardian:			Date:
Student Name:		BirthDay:	Cell Phone:
School:		Grade:	Year Started Here:
Dance Experience:			
Student Name:		BirthDay:	Cell Phone:
School:		Grade:	Year Started Here:
Dance Experience:			
Student Name:		BirthDay:	Cell Phone:
School:		Grade:	Year Started Here:
Dance Experience:			
Student Name:		BirthDay:	Cell Phone:
School:		Grade:	Year Started Here:
Dance Experience:			
Registration Fee			
Total Due			
Ck #/ Cash, C/C			
Date Paid			
Receipt #			
Notes:			