

Marcus Rogers Dance Company MRDC
Registration Form
Year 2026

Last Name: _____

First Name: _____

Age: _____

Birthday: _____

Gender: _____

Cell Phone Number: _____

Home Phone Number: _____

Email Address: _____

Mailing Address: _____

Classes (circle):

Pointe

Contemporary

Cardio Dance Workout

Tap

Yoga Vinyasa Flow

Ballet I

Theatre Jazz

Hip Hop Fitness

Ballet II

Modern I

Private Lessons

Workshop

Attendance Conflicts (dates/reason for missing):

Please list your previous dance and/or yoga experience:

Allergies:

Please list any health related issues, disabilities, injuries and/or medication information you would like to share. *This is private information that is optional to give us. It is used for the purposes of offering accommodations (if necessary) to best serve your experience with us in the most safe and professional fashion. We do not discriminate and will not share it, respectfully.*

Are you interested in performing or volunteering
in one of our productions?

Yes

No

T-Shirt Size:

S M L XL 2X 3X

Leotard Size:

S M L XL 2X 3X

Tights Size:

S M L XL 2X 3X

Street Shoe Size:

Foot Width:

Narrow

Medium

Wide

Emergency Contact Full Name: _____

Relationship to Applicant: _____

Phone Number: _____

How did you hear about Marcus Rogers Dance Company:

Waiver/Release

I understand that there is risk involved with participating in an exercise program. I agree to assume responsibility for my health and will not hold Marcus Rogers of Marcus Rogers Dance Company liable should injury or illness happen. I waive the right to pursue legal action against Marcus Rogers Dance Company. I have consulted with a doctor and have been given permission to participate in an exercise program.

I release my name and photo to Marcus Rogers Dance Company to be used for promotional, editorial and/or advertising purposes.

We have a 0 tolerance policy for bullying, disruptive, inappropriate, and abusive conduct. MRDC reserves the right to expel anyone who demonstrates these behaviors.

I agree not to solicit anyones personal information without their consent.

I understand there are no refunds.

Print Name: _____

Signature: _____

Date: _____

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