

Mar Ray Dance Studio Registration Form

Please Print Clearly

For Office Use Only:

Acct. #: _____

Recorded _____

Computer: _____

Student's Name _____ Date of Birth _____ Class Day & Time _____

Student's Name (2nd Child) _____ Date of Birth _____ Class Day & Time _____

Student's Name (3rd Child) _____ Date of Birth _____ Class Day & Time _____

Student's Name (4th Child) _____ Date of Birth _____ Class Day & Time _____

() _____ () _____ () _____
Home Phone Number Cell Phone Number Secondary Cell Phone Number

Address _____ City _____ State _____ Zip Code _____

Mother's First & Last Name _____ () _____ E-Mail Address _____
Work Phone Number

Father's First & Last Name _____ () _____ E-Mail Address _____
Work Phone Number

Any special health conditions/medications? No Yes _____
(i.e.: Asthma, Attention Deficit Disorder, Diabetes, Heart Problems, etc.)

Any Allergies? No Yes Please List: _____

I **give permission** for my child to be photographed, videotaped or interviewd for all purposes including all marketing efforts made by Mar Ray Dance Studio.

I **do not give** permission for my child to be photographed, videotaped or interviewd for all purposes including all marketing efforts made by Mar Ray Dance Studio.

How did you hear about Mar Ray? Friend/Neighbor Internet
 Walked By Other: _____

Registration Date: _____

New Student Registration Fee: _____

Date Paid: _____

Mar Ray Dance Studio Liability Waiver

My signature below releases Mar Ray Dance Studio, its officers, directors, staff, employees and independent contractors, and volunteer helpers from any and all liability that may result from myself, my children or any member of my family participating in dance lessons, exercise classes, rehearsals, parties, private lessons, performances, or any function sponsored by Mar Ray Dance Studio.

I agree to hold Mar Ray Dance Studio, its officers, directors, staff, employees and independent contractors, volunteer helpers 100% harmless for any and all injury that may result from my dancer, myself, or any member of my family participating in the activities listed above. Our participation is completely voluntary.

I have listed any special medical problems that I have or my child receiving dance lessons has below. Our family doctor approves of our participation in the above listed activities in spite of these medical problems. My signature verifies that I have read this waiver and agree and accept its contents.

Name(s) of student receiving lessons

Signature of Parent or Guardian

PRINTED name of Parent or Guardian

Today's Date

Does the student(s) have any allergies or other special medical needs we should be aware of?
If so, please list below:

Mar Ray Dance Studio

3923 West Main Street, McHenry, Illinois 60050
815.385.6077