



Mass Motion Dance Staff Only: Monthly Tuition: _____

Classes: _____

Registration (\$30) Date Paid: _____ Total Payment Amount: _____

Date Paid: _____ Payment Type: _____

Children's Program Registration Form: Fall 2016-Spring 2017

Class Preference: _____ **Date:** ___/___/___

Student's Name: _____ **Date of Birth:** ___/___/___ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Telephone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____

E-Mail Address: _____ **Mom/Dad/Guardian Name:** _____

Medical Conditions: NO or Yes: _____

**if Yes, please give details and/or attach medical information.*

How did you hear about MMD North: ___Friend ___Web ___Email ___Newspaper ___ Other: _____

Liability Release: I, the parent/guardian of (student's Name) _____, do hereby consent to my child's participation in dance lessons, instructional programs, recitals and other activities provided by Mass Motion Dance. I do realize that dance is a physical activity and that there are risks involved. In consideration of my child receiving services as described above, I agree to release, hold harmless, and indemnify Mass Motion Dance and its owners Terri Gordon and Katherine (Hooper) Hammer, their employees, agents, instructors and officers from any and all claims, actions, causes of action, damages, and attorney fees, arising from personal injuries that may be sustained by my child resulting from participation in the programs provided by Mass Motion Dance.

Photo Liability Release: I allow pictures of my child to appear on the Mass Motion Dance website. **Initial:** _____

Tuition Payment Agreement: I understand that by signing this agreement, I am committing to pay a monthly tuition of \$_____ on the 1st of each month for a total of **10 months, September through June**. *Cancellation policy: Students that decide to stop taking classes throughout the year must provide a 30 day written notice prior to 1st of following month.*

Signed: _____ **Date:** _____

Automatic Payment Option: To enjoy the convenience of automatic billing, simply complete the credit card information and sign below. Upon approval, Mass Motion Dance North will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly statement. You may cancel this automatic billing authorization with 15 days written notice.

I, (card holder) _____, authorize Mass Motion Dance North to debit my card (monthly tuition amount) \$_____ on the 1st of every month starting October 1st for 9 months with the last auto debit occurring on June 1st.

___Visa ___MC ___Discover Account #: _____ Exp Date: _____ CVC: _____

Card Holder Signature: _____ Date: _____

Please mail this completed form along with the Registration Fee plus 1st month's tuition to the following address.

MASS MOTION DANCE NORTH : 36 Walnut Street Peabody, MA 01960
north@massmotiondance.com / (978) 977-3262 / www.massmotiondance.com