



Children's Program

Registration Form

Fall 2017 - Spring 2018

Date: ___/___/___

Class Preference: _____

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

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

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

Parent's Email Address: _____ Mom/Dad/Guardian Name: _____

Child's Email Address (if applicable): _____

Medical Conditions: NO or Yes: _____

**if yes please give details and/or attach medical information!*

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 Boston and its owner Irada Djelassi, 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.
 ___ I do not wish to allow my child's pictures to appear on the Mass Motion Dance website.

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.*

Autopay Authorization

___ I would like to be enrolled in automatic payments. ___ Master Card ___ Visa ___ AMEX Name on Card: _____
 Credit Card #: _____ Expiration Date ___/___/___ CVC Code: _____

Signed: _____ Date: _____

How did you hear about MMD: ___ Friend ___ Web ___ Parent's Paper ___ Newspaper ___ Other: _____

BOSTON MAILING ADDRESS: 100 Holton Street Brighton, MA 02135

Mass Motion Dance Boston Staff Only:

Classes: _____ Registration Fee: _____ Tuition: _____
 June 2016 PD: _____ First Month PD: _____ Payment Type: _____ Total 1st Payment: _____