

2023-2024 Registration Form

Student Information:

First Name:		Last Name:		
DOB:	Age:		Years of Dance Training:	
Medical Conditions/Allerg	gies:			
Sibling Enrollment (If att	tending):			
Sibling First Name:		_ Sibling	Last Name:	
DOB:	Age:		Years of Dance Training:	
Medical Conditions/Allerg	gies:			
Emergency Contact (other	r than you):			
Name:	Phone	e:()_	Relation:	
Name:	Phone	e:()	Relation:	

Parent Information:

First Name:	Last Name:	
Cell Phone:()	Alternate Phone Number: (()
Address:		
City:	State:	Zip:
Email:		
Want a	ut us? \$15 referral credit applied to one month's Spread the word about our studio TODA to sharing our passion for dance excellence	s tuition???
	Momentum Dance Arts Waiver	<u>rs</u>
owner, its employee which may arise from dance class, rehears complete waiver of a damage, and loss of	rent/guardian or participant hereby holds harmless Mes, and/or its contractors from all manner of suits, act mem my participation and the participation of my mino al, performance, event, etc. I understand that this was all possible claims, including claims for negligence, property arising out of my or my minor child's parties, etc. I've read the above "Medical Waiver" and agrees.	tions, demands, and liabilities or child in any physical activity, iver constitutes a full and personal injury, property cipation in dance rehearsal,
Parent/Guardian Signature:	Date:	
Momentum Dance A demonstrate dance to	Arts LLC is a "hands on" learning environment. To pechniques physical interaction is often used. This is e. I parent/guardian understand this, and I give my c	properly teach placement and normal practice and necessary
Parent/Guardian Signature:	Date:	

•	emergency arise and you cannot	oes all that it can to ensure all children of be reached, your signature is require child and/or call an ambulance if neces	ed to give Momentum Dance Arts
	Allergies to medication or food	l:	
		Primary Doctor:	
Parei	nt/Guardian Signature:	Date:	
•	performances, and any other ex- contract with Momentum Dance to flyers, website, social media understand and agree that Mon- with the photographs. I hereby all claim and demands arising of binding upon my heirs, legal re-	as the right to use all photos and video yent organized by the studio even if my see Arts LLC. These photos and or video, and any other form of advertising/manentum Dance Arts LLC may or may release and discharge representatives, but of or in connection of publicity and expresentatives, my assigns and me. The er, photographer, videographer, and M	y child is no longer a student under too may be used, but are not limited arketing that may present itself. I not use my name in conjunction assignees, and staff from any and d defamation. This release shall be is agreement embodies the entire
Parei	nt/Guardian Signature:	Date:	
	Class Re	gistration: (Studio Us	e Only)
	Class	Day	Time
1			
2			
3			
4			
5			
6			
7			
8.			
10.			
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Fees:

Registration Fee \$40 or \$50 per Family. (Law Enforcement/Military Free)

- Total Wkly Hours:_____
- Total Mthly Tuition:_____
- Registration Fee:_______
- August Tuition 50%:_____

Studio Tuition All Inclusive Pricing

Tuitien Den Cibling						
Hours Per Week		Tuition Per		Sibling		
		Month		Rate/Month		
0.5	\$	72.00	\$	57.60		
0.75	\$	87.00	\$	69.60		
1	\$	97.00	\$	77.60		
1.25	\$	108.00	\$	86.40		
1.5	\$	118.00	\$	94.40		
1.75	\$	136.00	\$	108.80		
2	\$	145.00	\$	116.00		
2.25	\$	155.00	\$	124.00		
2.5	\$	165.00	\$	132.00		
2.75	\$	183.00	\$	146.40		
3	\$	188.00	\$	150.40		
3.25	\$	193.00	\$	154.40		
3.5	\$	203.00	\$	162.40		
3.75	\$	221.00	\$ \$	176.80		
4	\$	231.00	\$	184.80		
4.25	\$	240.00	\$	192.00		
4.5	\$	249.00	\$ \$ \$	199.20		
4.75	\$	258.00	\$	206.40		
5	\$	267.00	\$	213.60		
5.5	\$	282.00	\$	225.60		
6	\$	297.00	\$	237.60		
6.5	\$	315.00	\$	252.00		
7	\$	327.00	\$	261.60		
Unlimited	\$	350.00	\$	280.00		

^{**} Unlimited Students Receive 8 Costumes. Extra Costume can be added for \$70/costume.

** Siblings Receive 20% Discount