



Season: _____

Signup Date: _____

MAMMOTH DANCE ACADEMY

At Snowcreek Athletic Club

New Student Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Name of Person responsible for paying fees: _____

Primary Email Address: _____

Primary Billing Phone # _____

Legal Release and Policy Acceptance (please initial)

- | | |
|---|--|
| <input type="checkbox"/> I/we understand the Studio Policies | <input type="checkbox"/> I/we understand my billing obligations |
| <input type="checkbox"/> I/we understand the risks related to dance | <input type="checkbox"/> I/we understand my responsibilities for my property |
| <input type="checkbox"/> I/we understand the dress code | <input type="checkbox"/> I/we understand the schedule |
| <input type="checkbox"/> I/we give media use rights permission | <input type="checkbox"/> I/we understand the attendance policy |

Signature / Responsible Party _____

Date _____

Classes

| Class Name | Meeting Date(s) / Time | Fees / Minutes |
|------------|------------------------|----------------|
| | | |
| | | |
| | | |

Registration Fee: _____

Recital Fee: _____

Tuition: _____

Costume Fee: _____

Discounts: _____

Total Monthly Tuition _____

Measurements

- | | | |
|------------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Height | <input type="checkbox"/> Girth | <input type="checkbox"/> Tights Size |
| <input type="checkbox"/> Shoe Size | <input type="checkbox"/> Inseam | <input type="checkbox"/> Leotard Size |

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no) _____

If yes – Explain: _____

[] – Autopay [] Paid in full Processed by: _____ Special Notes: _____