

Metropolitan School of Dance, Inc.
Student Registration Form

Student Name: _____
Last, First, M.I.

Date of Birth: _____ Current Age: _____ Gender: Male / Female

Height: _____ / Weight: _____ / Eye Color: _____ / Hair Color: _____

Student Cell # (if Applicable) _____ Student E-mail: _____

Is applicant a returning MSDI Student? ___ Yes ___ No Previous Level of placement? Level _____

Current School Grade _____ Name of School _____

In what city is child's school located? _____ Is this a ___ Public, ___ Private
____ Neither-My child is home schooled _____ Neither My Child is not yet school age.

Any Previous Training in Dance? _____ If so what dance styles? _____

How long in Previous training? _____

How did you hear about the Metropolitan School of Dance, Inc. (**MSDI**)? ___ Friend ___ Letter ___
Post Card Mailer ___ Radio ___ Newspaper ___ TV ___ Trade Show ___ Festival ___ School ___ Other

Name of Parent/Guardian: _____

Address: _____
Street, City, State, Zip

Parent Home #: _____ Parent Cell # _____

Parent's Employer: _____ Parent's Position: _____

Parent Work #: _____ Parent E-mail: _____

(Your **email address** is important we utilize this form of contact for informational updates program changes and weather alerts. **This method of communication will always be sent to you by the "Parent Liaison."** (Your source of contact and program questions should begin with this individual).

Name of Parent/Guardian #2: _____

Address: _____
Street (if different) City State Zip

Parent Home #: _____ Parent Cell # _____

Parent Employer: _____ Parent's Occupation: _____

Parent Work #: _____ Parent E-mail: _____

Person Responsible for Tuition Payment _____ **Relationship:** _____

Parent(s) / Guardian signature _____ Date _____

**If there are any other individuals who have your permission to pick up your child? Please List here*

Name _____ Telephone # _____ Relationship to Student _____

Name _____ Telephone # _____ Relationship to Student _____

Parent / Student Agreed and Acceptance:

I have read, understood and received a copy of the parent/student agreement between that of the Metropolitan School of Dance (MSDI) the parent/student. I (we) have also read and understood the Code of Conduct for MSDI. By signing this agreement, parent, guardian and or student accept the terms of the Code of Conduct set forth by the Metropolitan School of Dance. I (we) agree to the policies, procedures and regulations set by entering this program.

Parent/Legal Guardian Signature _____ Date _____

Student Signature _____ Date _____

Medical Clearance Acknowledgement

Student Name _____

Date of Birth _____

Address City/Zip _____

Home Phone Emergency Contact/Phone Number _____

Parent (1) Name/Work Number _____ Cell Number _____

Parent (2) Name/Work Number _____ Cell Number _____

Family Physician Phone Number _____

Physician Address Physician City/Zip _____

Medical Insurance Company Policy _____

Medical Insurance Company Address Hospital _____

Allergies _____

Prescription Medication _____

Any Known Physical or Mental Illnesses or Limitations _____

Please Explain _____

AWARENESS OF RISK

STUDENT AND PARENT – I / we are aware that participating in rigorous and athletic dance/artistic training and performances (as with any other physical activity) can be a somewhat dangerous activity involving risks of injury. Understanding that proper care will be taken to avoid any injuries, I acknowledge my agreement for my child to participate in training at the Metropolitan School of Dance.

Media Release: Further, I agree that while participating in activities, MSDI its staff and affiliates (if any) may use photos or video recording of classes that may be used for media advertisement and evidence of activities for Metropolitan’s funding organizations. I understand that there is no financial compensation to myself for my child for the use of pictures or activities selected for direct advertisement for MSDI.

Parent Initials _____

Student Initials _____

Office Use Only:

Group/Level Assignment of Student _____