



# Miracle Dance Theatre

Summer 2009

4970 Delhi Ave. Cincinnati, OH 45238  
513.921.0700/513.921.8111 Fax  
www.miracledance.com

## READ AND COMPLETE THIS FORM TO GUARENTEE ENROLLMENT.

**EMAIL:** The studio uses two main forms of communication, email and our website. The studio emails weekly updates and posts information on our website often. It is very important that you provide us with an email address you check often.

**Primary** \_\_\_\_\_

**Secondary** \_\_\_\_\_

**CONTACTS:** Please complete the contact information below.

**Family Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, State Zip** \_\_\_\_\_

**Primary** \_\_\_\_\_ **Secondary** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**PAYMENT:** Tuition must be paid in full by the first class. Credits are not given for missed classes due to student absence. Make-up classes will be schedule in the case of teacher absence or school closing. Refunds will not be given once classes begin.

**Cash** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Visa/MC #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

### WAIVER OF LIABILITY STATEMENT & PERMISSION FOR TREATMENT

I, the undersigned parent or legal guardian of the student(s) herein, do hereby give permission for the aforementioned students to participate in any and all classes and/or events offered by or attended by the Miracle Dance Theatre, Inc, hereafter referred to as MDT. I accept all risks associated with that participation and understand that there is a full possibility of serious physical injury or death. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against MDT and its owners, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the student(s) while participating at or for MDT. Furthermore, I certify that I have medical insurance on the student(s) listed herein and will maintain continuous medical coverage while he/she dances at MDT. I also authorize MDT and its owners, employees, directors, etc. to use standard first aid procedures on the student(s) listed below and consent to any other medical procedure deemed necessary in the case of an emergency. Additionally, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any MDT related activity including but not limited to classes, competitions, shows, etc.

### RULES & REGULATIONS

I have read, understand and will abide by all general rules and regulations that are set forth by MDT, its owners, employees and directors and any additional rules or requirements as set forth throughout the year. A complete copy of rules and regulations are available at the studio. As primary contact, I agree to make all payment by their assigned due date. Furthermore, I hereby give my permission to MDT to use photographs and/or videos of the student(s) listed above as deemed appropriate for the promotion of MDT.

**Primary Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**STUDENT INFORMATION**

Fill in student information in the boxes below. For Debut and Recreational classes, please specify day/time and date of class. Prep students can specify level of class instead of each individual subject. (ex. Advanced Classes).

**STUDENT 1**

Name \* \_\_\_\_\_ Date of Birth \* \_\_\_\_\_

School \* \_\_\_\_\_

Medical Info \_\_\_\_\_

Class	Day/Time	Date

**STUDENT 2**

Name \* \_\_\_\_\_ Date of Birth \* \_\_\_\_\_

School \* \_\_\_\_\_

Medical Info \_\_\_\_\_

Class	Day/Time	Date

**STUDENT 3**

Name \* \_\_\_\_\_ Date of Birth \* \_\_\_\_\_

School \* \_\_\_\_\_

Medical Info \_\_\_\_\_

Class	Day/Time	Date

**FOR OUR RECORDS:** Please tell us how you found out about the Miracle Dance Theatre.

Starmaker  
  Yellow Pages  
  News Paper Ad  
  Festival  
  Web Site  
  Drive-by  
  Delhi Day Camp  
 Referral Who? \_\_\_\_\_  
  Other \_\_\_\_\_

**FOR USE BY OFFICE ONLY!!**

Date Registered: \_\_\_/\_\_\_/\_\_\_  
 Registered By: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Payment Type:  Cash  
  Check # \_\_\_\_\_  
  MC / Visa (confirm # \_\_\_\_\_)