



# Summer 2011 Registration Form

15811 Ambaum Blvd SW, Ste 160, Burien, WA 98166 • Tel: 206.242.1239 • Fax: 206.242-8363 • [www.momentumdanceacademy.com](http://www.momentumdanceacademy.com)

Last Name First Name Birthdate (mm/dd/yyyy) Age School Grade

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Parent/Guardian (s) E-mail address

Address City Zip

( ) ( ) ( )

Home Phone Work Phone Cell Phone

( ) ( )

Emergency Contact Name Phone Number Relationship to student (s)

Please describe any known food allergies, medical conditions and/or physical limitations of student(s):

\_\_\_\_\_  
\_\_\_\_\_

Student: \_\_\_\_\_ Class: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Student: \_\_\_\_\_ Class: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Student: \_\_\_\_\_ Class: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Student: \_\_\_\_\_ Class: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Student: \_\_\_\_\_ Class: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Student: \_\_\_\_\_ Class: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

FRD: _____ SRD: _____ SRD: _____ SRD: _____
Date Received: _____ Amt: _____ Check CC Cash
Auth #: _____ <input type="checkbox"/> Roster <input type="checkbox"/> CompuDance

Sub total: \$ \_\_\_\_\_

Multiple Class Discount: \$ (\_\_\_\_\_)

Registration Fee: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

New Students - How did you hear about us? \_\_\_\_\_

I agree that I will not hold Momentum Music and Dance Academy, its owner, instructors or employees, liable for any injury sustained or illness contracted by my child(ren) while a student at Momentum. I give my permission for Momentum Music and Dance Academy to take photos of my child(ren) for purposes of promoting the Academy. I agree to comply with all Momentum Music and Dance Academy policies and procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Legal guardian must sign if student is under 18)