



# Summer 2024 Registration Form

2nd thru 12th grade  
Memorial Dance Center

9392 Gaylord Dr. Houston, TX 77024 - Info@memorialdance.com - 713-468-5700

Today's Date:

Month	Day	Year
/	/	

Student Number:

(For office  
use only)

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## Student Information:

Full Last Name

Full First Name

Date of birth

Month	Day	Year
/	/	

Gender ☐ Male ☐ Female

Student's Email (optional  
Address: ages 14+)

Grade(as of Aug 2024):

Student Age:

School:

## Address where you live

Street Address

Town/City

State

Post Code

## Parents/ Other Information:

Mother's Name:

Cell #:

Work #:

Mother's Email:

Father's Name:

Cell #:

Work #:

Father's Email:

Other's Name:

Relationship to Student:

Cell #:

Work #:

Other's Email:

## 2nd Grade & Older - 1:00pm - 4:00pm

Tap, Ballet, Jazz, Contemporary, Lyrical, Musical Theater, Conditioning, Leaps & Turns, and more!  
Check Intensive(s)

June 3-7

July 15-19

June 10-14

July 22-26

June 17-21

July 29- August 2

June 24-28

August 5-9

## 6th Grade & Older

9:00am - 12:00

Ballet Intensive

June 3-7

Each Intensive is \$250 each

If your intensive is canceled, we will refund your money. Otherwise, fees are

## FOR OFFICE USE ONLY:

refundable.

### ☐ Credit Card

Name on Card:

Card Type:

☐ VISA

☐ DISCOVER

☐ MasterCard

Amount:

\$

Receipt #:

Initial

### ☐ Cash

Amount:

\$

Receipt #:

### ☐ Check

Check #:

Amount:

\$

Check Name:



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## 2024 Summer Enrollment Agreement

2nd thru 12th grade

Student's Name: \_\_\_\_\_

Name of Parent/

Legal Guardian: \_\_\_\_\_

All dancers should wear their hair neatly and securely out of their face. Ponytails are recommended. Any leotard, tights or other dance clothing that clings to the body is acceptable. Clothing must cover the knees. Hard soled, lace-up tap shoes should be worn for the tap classes. Jazz and/or ballet shoes are acceptable for the other classes. Dancers should bring a water bottle every day.

### Authorization of Emergency Medical Care

I hereby authorize the staff and director, representing Memorial Dance Center, to give consent for any and all necessary emergency medical care for my child \_\_\_\_\_, while said child is in the custody of Memorial Dance Center personnel. I also hold Memorial Dance Center or any other Memorial Dance Center personnel harmless in such an event. Please include any pertinent medical conditions (physical, mental and/or emotional), as well as any learning differences, in the field below:

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
Date

### Photo Release

I, (parent name, please print) \_\_\_\_\_, give the Memorial Dance Center the absolute right and permission to use my \_\_\_\_\_ son's \_\_\_\_\_ daughter's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct mail piece, electronic media [e.g. video, CD-ROM, Internet, World Wide Web, Social Media], or other form of promotion. I release the Memorial Dance Center, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. Additionally, I will make no monetary or other claim against Memorial Dance Center for the use of the photograph(s)/video.

**Student's Name (print full name):**

\_\_\_\_\_  
**Parent's/Legal Guardian's Name (please print)**

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
Date

**MEMORIAL DANCE CENTER  
CREDIT CARD AUTHORIZATION FORM**

Student Name: \_\_\_\_\_

Family Number: \_\_\_\_\_

**CARDHOLDER INFORMATION**

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applies to any and all dance related charges to your account for the 2024-2025 dance year.

**CREDIT CARD INFORMATION**

Credit Card Type: ☐ MasterCard ☐ Visa ☐ Discover Card

Type: ☐ Debit ☐ Credit

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I, the above-named authorized cardholder, give Memorial Dance Center and its representatives express authorization to charge my credit card for the Authorized Charges indicated above. I understand that this form constitutes a legally binding contract and that by affixing my signature to this form, I will be held responsible for all Authorized Charges as well as any and all collection and legal fees. By signing this Credit Card Authorization form, I acknowledge receipt and understanding of its contents.

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_