



Summer 2024 Registration Form

Ages 3 thru 1st 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:

Check which Camp(s). See our website for full descriptions of each camp.

June 3-7: Twirl to a Tea Party

We'll dress up in our festive finest and have some fancy tea.

Oh, what fun our dancing TWIRL tea party will be!

June 10-14: Magical Mermaids & Shimmering Swans

As mermaids & swans, dancers will dance & leap across the lily pad lagoon. Dancers will focus on dance basics, as well as fun & fancy, imaginative activities and fin-tastic feather crafts!

June 17-21: Twirltopia Princess Academy

Your princess (or prince charming) will love this royal ballet, tap, and jazz adventure dancing through the magical kingdom of Twirltopia and learning important lessons from their animal friends who will help them reach their crowning moment at the Palace Princess Crown Ball!

June 24-28: Rhinestone Round-Up: All Things Boots & Bling

Dancers will play starring roles in all the fun... learning ballet, tap, and jazz dances, "giddy up" their own accessories with glitz, and of course, performing at the live show!

July 15-19: The Fancy Freeze: A Frozen Adventure

Any dancer who loves Disney's Frozen will surely not be bothered by the cold in this fun, fancy & frozen dancing journey! Join us as we make our way to the annual Fancy Freeze dance party in the frozen forest!

July 22-26: Pom Pom Unicorn's Party Palooza

Dancers will climb the sparkly rainbow and soar through the Cotton Candy clouds as magical unicorns in this sweet ballet, tap and jazz dance camp!

July 29-Aug 2: The Wonderful Whimsical Woodlands Fairy Waltz

Dancers will flutter along the pixie path through the Whimsical Woodlands Forest. This fanciful camp is full of fairy dancing, forest friends, glittery crafts, and so much more!

August 5-9: Dance the Day Away: A Sparkling Pink Affair

Calling all Barbie lovers: it's time to enter our sparkle era and dance the day away! Your pinkalicious trina will love this dance camp full of all the glitz and glamour as we prepare for the Sparkling Pink Affair!

Ages 3 thru 1st Grade | Monday- Friday | 9:00am - 12:00pm | Ballet, Tap, & Jazz

\$250 each camp or Sign up for 2 or more camps at the same time and receive a \$25 discount off each camp.

(please note discount will not be offered if camps are not registered and paid for at the same time)

If your camp is canceled, we will refund your money. Otherwise, fees are non-refundable.

FOR OFFICE USE ONLY:

☐ Credit Card

Name on Card:

Card Type:

☐

VISA

☐

DISCOVER

☐

MasterCard

Amount:

\$

Receipt #:

Initial

☐ Cash

Amount:

\$

Receipt #:

☐ Check

Check #:

Amount:

\$

Check Name:



Memorial Dance Center

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Info@memoriamdance.com

713-468-5700

2024 Summer Enrollment Agreement

Ages 3 thru 1st Grade

Student's Name: _____

Name of Parent/

Legal Guardian: _____

Students must wear footed tights, a leotard, and bring ballet & tap shoes. Ballet shoes may be worn for jazz. Dancers will also need a bag to carry their shoes, snack & water bottle. All dancers must be potty-trained! No pull-ups allowed. You will receive an email one week prior to your camp with details pertaining to the camp.

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 ____/____/____