



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)

Digit input boxes for student number

Student Information:

Full Last Name

Text input field

Full First Name

Text input field

Date of birth

Month / Day / Year

Gender Male Female

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

Text input field

Grade(as of Aug 2024):

Text input field

Student Age:

Text input field

School:

Text input field

Address where you live

Street Address

Text input field

Town/City

State

Post Code

Text input field

Text input field

Text input field

Parents/ Other Information:

Mother's Name:

Text input field

Cell #:

Text input field

Work #:

Text input field

Mother's Email:

Text input field

Father's Name:

Text input field

Cell #:

Text input field

Work #:

Text input field

Father's Email:

Text input field

Other's Name:

Text input field

Relationship to Student:

Text input field

Cell #:

Text input field

Work #:

Text input field

Other's Email:

Text input field

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 non-refundable.

FOR OFFICE USE ONLY:

Credit Card

Name on Card:

Text input field

Card Type:

VISA

DISCOVER

MasterCard

Amount: \$

Text input field

Receipt #:

Text input field

Initial

Cash

Amount: \$

Text input field

Receipt #:

Text input field

Check

Check #:

Text input field

Amount: \$

Text input field

Check Name:

Text input field



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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