

2025 SUMMER REGISTRATION FORM

Ages 3 thru 1st Grade Memorial Dance Center 9392 Gaylord Drive Houston, TX 77024 info@memorialdance.com 713-468-5700

Today's Date:		Student # (office us	e only)		
Last Name:		First Name:			
Birthdate: Gr	ade (as of Aug): A	ge: Home Pho	one:		
Address:		Zip:			
Mother's Name:		Cell Phone:			
Father's Name:	ner's Name: Cell Phone:				
Email address:					
Check Camp(s). S	ee our website for full des	cription of each camp.	. Ages 3 thru 1 st Gra	ade	
June 2-6 Ooh La La Aloha: Dancers will set sail across	Monday-Friday	y			
Hula Disco.			9:00am-12:00pi	m	
June 9-13 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				ZZ	
the Sparkling Pink Affair!	pinkalicious trina will love this dance camp full of all the glitz and glamour as we prepare for the Sparkling Pink Affair!			CASC zidav!	
	Soirée: A Sparkling Dancing Dro will be dancing in their dreams Party Soirée!		le their \$250 per camp	-	
☐ June 23-27 The Royal Tea With sparkling tiaras, royal your prince or princess to e crowns, and royal charm!	astles, time and receive \$25 discount of	me e a ff			
☐ July 21-25 Popstar Primas From glittering crafts to jar superstar style! Get ready t born to be!	were <i>Please note the disco</i>	ount			
☐ July 28-August 1 Sugar Ru It's time for the ultimate su Gardens, shimmy past the end of the week!	y at the <i>time</i> . If your class is	ered ame is			
August 4-8 Wild, Wild Party: A Jungle Jam Adventure! This jungle-themed dance camp is all about exploring the animal kingdom while having a roaring good time! Whether they're slithering like snakes, prancing like flamingos, or twirling like giraffes, this camp is a wild ride full of rhythm, fun, and jungle magic!			-	fees	
For office use only:					
Cash \$ Receipt #_	Check \$	Check # Che	eck Name:		
Credit Card Type:	Amount \$	Receipt #	Initial:		



2025 SUMMER ENROLLMENT AGREEMENT

DANCE CAMP

All dancers must wear pink footed tights, a leotard, and bring ballet and tap shoes. Ballet shoes may be worn for jazz. Dancers will also need a bag to carry their shoes, snack and 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:

PHOTO RELEASE

I, (parent's name, please print) ______, give Memorial Dance Center the absolute right and permission to use my child'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, Internet, Social Media), or other form of promotion. I release 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.

I, the undersigned parent or legal guardian of the below listed student, understand that my signature on this document constitutes acceptance of the conditions of my child's enrollment at Memorial Dance Center. I understand a Summer Camp Guide containing additional details will be sent to the email(s) provided on the Registration Form.

Student Name:	

Signature of Parent or Legal Guardian

Date

Name of Parent or Legal Guardian

MEMORIAL DANCE CENTER Credit Card Authorization Form

		_ Family Number:
CARDHOLDER INFO	RMATION	
Name:		
Billing Street Address	:	
City:	State:	Zip Code:
Phone Number:		Email:
CREDIT CARD INFOR Credit Card Type: □ N		a □ Discover Card
	lasterCard □ Visa	a □ Discover Card
Credit Card Type: □ №	1asterCard □ Visa dit	
Credit Card Type: □ № Type: □ Debit □ Crec	lasterCard □ Visa lit	

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 / /