

MONROE DANCE ACADEMY|MDA

Summer Registration Form
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Student Name: _____ Date of Birth: _____

Parent(s) Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Email will be used to let you know about any cancellations and exciting upcoming events!

New Student: _____ How did you hear about MDA: _____ Returning Student: _____

Release of Liability:

I, _____ the parent or guardian
of _____

a student of Monroe Dance Academy, do hereby release from all liability Monroe Dance Academy and its employees from all injuries sustained during the course of dance or dance-related study on the physical premises of Monroe Dance Academy, 838 Main Street. Monroe.

Refund Policy:

I understand that I am responsible for the entire tuition for the period of study. Refunds may not be made except for prolonged illness or severe injury verified by a doctor's certificate. It is the policy of Monroe Dance Academy not to refund money following voluntary withdrawal from the school during the term of study, for classes missed or for classes not attended.

Signature: _____ Date: _____

