

STUDIO MC PERFORMING ARTS CENTRE

2024-2025 DANCE SEASON

REGISTRATION FORM

STUDENT'S NAME _____
(LAST) (FIRST) (MIDDLE)

AGE _____ BIRTHDATE _____ GRADE _____ SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENTS NAME (FIRST & LAST) _____

PHONE OF PARENT/GUARDIAN _____

RELATIONSHIP TO STUDENT _____

EMAIL ADDRESS _____

PLEASE CIRCLE CLASSES ENROLLING IN (IF PRIVATE OR SEMI PRIVATE PLEASE FILL IN CLASS TYPE)

TAP(3+) JAZZ(3+) BALLET(3+) HIP-HOP(3+) LYRICAL(5+) POINTE(8+)

GYMNASTICS(3+) CHEER BASICS LEVEL 1(3-6) CHEER LEVEL 2(6+) TURNS,LEAPS&JUMPS(10+)

TINY TAP(15 MO.-3) TINY TUMBLERS(15 MO.-3) TINY HIP HOP(15 MO.-3) TINY TUTU(15 MO.-3)

MOMMY & ME(12 MO.-3) PRE-TECH(4-6) TECH(6+) MASTER HIP HOP(MUST BE IN TECH)(12+)

**PRIVATES, SEMI PRIVATES & TRIOS ARE OFFERED IN ALL GENRES OF DANCE, GYMNASTICS & CHEER!
PLEASE LIST WHAT YOU WILL BE TAKING BELOW:**

PRIVATE _____ PRIVATE #2 _____ SEMI PRIVATE _____ PARTNER _____

CLASS DAY AND TIME PREFERRED _____

MEDICAL INFORMATION FORM

Bones & Joints _____

Muscles _____

Ears/Eyes _____

Other _____ Chronic Ailments _____

Asthma _____ Other Respiratory _____

Heart _____ Circulatory _____

Diabetes _____ Tetanus Shots _____

Hypoglycemia _____ Epilepsy _____

Hemophilia _____

List Allergies To Medications, Shots, Etc. _____

Preferred Physician _____

Phone _____

Preferred Hospital _____

Guardian Or Next of Kin other than parent: _____

Name _____ Phone _____

Relationship to student _____

State of WV County of Ohio Release Form

I (We) the undersigned student, parent, or legal guardian of a student of Studio MC Performing Arts Centre for in consideration of my enrollment to the enrollment of my child or a student for whom I have been granted legal custody I voluntarily and knowingly execute this release with the expressed intention affecting the extinguishment of and complete release from any and all claims, actions, demands or rights to monetary judgment arising from any and all injuries or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward deriving from physical activity associated with the study of Dance, Gymnastics or Cheerleading and related activities conducted by the Studio MC Performing Arts Centre, LLC.

EXECUTED THIS _____ DAY OF _____ 20 _____

PARENT OR LEGAL GUARDIAN (PLEASE SIGN)

2239 MARKET STREET WHEELING, WV 26003

304-233-2470

STUDIOMCPAC@GMAIL.COM