



Miracle Dance Theatre

Adults

4970 Delhi Ave. Cincinnati, OH 45238
513.921.0700/513.921.8111 Fax
www.miracledance.com

CONTACT

All required fields (*) must be complete in order to register.

Name _____

Address _____

Home Phone _____

City, State Zip _____

Work Phone _____

E-mail _____

Cell Phone _____

CLASS

Complete the section below with the class or classes you are enrolling in.

Student Name (if different from above) _____

Class	Day/Time

PAYMENT

Please indicate method of payment. We accept cash, check or credit card

In Full _____ Pay By Class _____

Visa/MC # _____ Exp. Date _____

RECORDS

Please tell us how you found out about the Miracle Dance Theatre.

Yellow Pages News Paper Studio Web Site Drive-by Delhi Day Camp

Festival Referral Who? _____ Other _____

WAIVER OF LIABILITY STATEMENT & PERMISSION FOR TREATMENT

I, the undersigned, do hereby give permission for the aforementioned students to participate in any and all classes and/or events offered by or attended by the Miracle Dance Theatre, Inc, hereafter referred to as MDT. I accept all risks associated with that participation and understand that there is a full possibility of serious physical injury or death. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against MDT and its owners, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the student(s) while participating at or for MDT. Furthermore, I certify that I have medical insurance on the student(s) listed herein and will maintain continuous medical coverage while he/she dances at MDT. I also authorize MDT and its owners, employees, directors, etc. to use standard first aid procedures on the student(s) listed below and consent to any other medical procedure deemed necessary in the case of an emergency. Additionally, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any MDT related activity including but not limited to classes, competitions, shows, etc.

RULES & REGULATIONS

I have read, understand and will abide by all general rules and regulations that are set forth by MDT, its owners, employees and directors and any additional rules or requirements as set forth throughout the year. A complete copy of rules and regulations are available at the studio. As primary contact, I agree to make all payment by their assigned due date. Furthermore, I hereby give my permission to MDT to use photographs and/or videos of the student(s) listed above as deemed appropriate for the promotion of MDT.

Signature _____

Date _____