



Miracle Dance Theatre

Tae Kwon Do

4970 Delhi Ave. Cincinnati, OH 45238

513.921.0700/513.921.8111 Fax

www.miracledance.com

PRIMARY CONTACT: The Primary Contact is the person responsible for payment of the account. Minors can not be the Primary Contact. All required fields (*) must be complete in order to register.

Name *	_____	Relationship	_____
SS or License # *	_____	State Issued	_____
Address *	_____	Home Phone *	_____
City, State Zip *	_____	Work Phone *	_____
E-mail	_____	Cell Phone	_____

PARENTS: Provide all required information for both if not the same as Primary Contact.

Mothers Name *	_____	Fathers Name *	_____
Address *	_____	Address *	_____
City, ST Zip *	_____	City, ST Zip *	_____
Home Phone *	_____	Home Phone *	_____
Alt. Phone *	_____ ext.	Alt. Phone *	_____ ext.

PAYMENT: Please indicate method of payment.

- Monthly** Registration fees and last months tuition (as deposit) due upon enrollment. First months payment due on first class. Monthly installments are due the first of each month. If you need to withdrawal for any reason, submit a withdrawal form prior to the first of the month to be refunded your deposit.
- Automatic Deduction** Registration fees due upon enrollment. First month will be charged the first week of classes. Monthly tuition will be charged the first day of each month. Submit a withdrawal form prior to the first of the month to avoid additional charges. To enroll, please include your credit card information below.

Credit Card Info Visa/MC # _____ Exp. Date _____

WAIVER OF LIABILITY STATEMENT & PERMISSION FOR TREATMENT

I, the undersigned parent or legal guardian of the student(s) herein, 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.

Primary Contact's Signature _____ **Date** _____

STUDENT INFORMATION

Fill in student information in the boxes below. Grade refers to the current school year. Don't forget there is a one time registration fee per child.

STUDENT 1

Name * _____ Date of Birth * _____

School * _____ Grade * _____

Medical Info _____

Class	Day/Time	Session

STUDENT 2

Name * _____ Date of Birth * _____

School * _____ Grade * _____

Medical Info _____

Class	Day	Time

STUDENT 3

Name * _____ Date of Birth * _____

School * _____ Grade * _____

Medical Info _____

Class	Day	Time

FOR OUR 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 _____

FOR USE BY OFFICE ONLY!!

Date Registered: ___/___/___ Registered By: _____

Amount Paid: _____ Payment Type: Cash Check # _____ MC / Visa (confirm # _____)