

Maryland School of Ballet and Modern Dance, Inc.
Registration Form: Fall 2008 September 8- November 16, 2008 (10 Weeks)
DEADLINE TO REGISTER: 08/29/2008 **
MAIL TO: MARYLAND SCHOOL OF BALLET
2217 SUITE B CHURCHVILLE ROAD, BEL AIR MD 21015

Name _____ Birth Date _____ Age _____

Mailing Address _____

Email Address _____ Phone Number _____

Parent(s)/Legal Guardian(s) _____

Class(es) Registering For	Day/Time	Monthly Pay or Pay in Full?	Fee
			\$
			\$
			\$
			\$
			\$

GRAND TOTAL FEES \$ _____

Please check here if you choose the *Unlimited Option*/ Monthly Pay \$304/mo. _____

Please check here if you choose the *Unlimited Option*/ Pay in Full \$869 _____

Registration Date: _____ Monthly Pay or Paid in Full? (circle one)

****AFTER 08/29/08 ADD \$15 REG.FEE** \$ _____

Grand Total Due at time of Registration: \$ _____

*Less Family Discount (10%) \$ _____ (if applicable)

Total Paid at time of Registration: \$ _____

Cash or Check# _____ (made payable to Maryland School of Ballet and Modern Dance, Inc.)

Waiver/Release

I hereby agree that my child or I will participate in dance and/or Pilates courses given by the Maryland School of Ballet and Modern Dance, Inc upon the understanding and agreement with the studio waiver and release. I understand that with any physical activity there is a risk of injury, and I agree not to hold the Maryland School of Ballet and Modern Dance, Inc, or any of its employees/independent contractors responsible. I release the School of its directors, and employees/independent contractors from all liability for personal injury, illness, or property damage occurring on or off the premises. I am/my child is capable of physical exercise and I have documented any health concerns.

Parent Signature _____ Date _____ Health Form on file? _____

****health form can be downloaded off our website www.danceharfordcounty.com****