



Enrollment Form 2025/2026

Date:_____

Student Name:_____

Parent/Guardian:_____

Address:_____

Email Address #1:_____

Email Address #2:_____

Cell Phone Number:_____ Home Phone Number:_____

Students Birthday:_____ Age:_____

Allergies:_____

Classes Enrolled:

1)_____2)_____

3)_____4)_____

5)_____6)_____

How did you hear about us: Social Media ___ Flyer___ Referral___ Returning ___ Other ___

Registration Fee: \$35 per student

Method of Payment: Cash_____ Check_____ Credit Card_____ Zelle _____

(\$4 fee for transactions under \$100, 4% fee for transactions over \$100)

In rare instances, students may sustain injuries. Every precaution is taken to insure that this does not happen. Dance Magic assumes no responsibility for injuries sustained in connection with dance classes (including tumbling) and or performances.

I have read the above disclaimer and understand that liability is the responsibility of the student's family.

Signature of Responsibly Party:_____ **Date:**_____

I authorize Michaela's Dance Magic LLC. to the use of any digital media taken of me and/or my party understanding that Michaela's Dance Magic LLC. has the right to use any media in any which way it deems appropriate through advertisements, website media, promotional videos, etc.

Signature of Authorizing Party:_____ **Date:**_____