

registration form

Date: _____

STUDENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip/Postal: _____

Phone (H): (_____) _____ E-mail: _____

Birthdate: _____ Sex: F M

School: _____ Grade: _____

MEDICAL INFORMATION

List any medical conditions of student that MMPAC should be aware of: _____

Doctor's Name: _____ Phone: (_____) _____

CLASS REGISTRATION

Class Name	Level	Room	Day	Time	Tuition

Registration Fee:

Total Tuition:

mmpac

mid maryland performing arts center



BILLING INFORMATION

Billing Name: _____

Address: _____

City: _____ State: _____ Zip/Postal: _____

Phone (H): (_____) _____ E-mail: _____

PARENT INFORMATION**Parent 1-** Name: _____ Phone (H): (_____) _____

Employer: _____ Phone (W): (_____) _____

Cell: (_____) _____ Pager: _____

Parent 2- Name: _____ Phone (H): (_____) _____

Employer: _____ Phone (W): (_____) _____

Cell: (_____) _____ Pager: _____

EMERGENCY CONTACTS

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Medical and General Waiver

I hereby authorize the staff members of the Mid-Maryland Performing Arts Center (MMPAC) to act for me according to their best judgement in any emergency requiring medical attention and I hereby waive and release MMPAC from any and all liability for any injuries or illnesses while going to and from and while at the MMPAC studios. All medical expenses incurred will be the responsibility of the student or the student's family.

In lieu of a medical certificate signed by a doctor, I have no knowledge of any physical or mental impairments that would be affected by the named student participation in this program, as outlines in any brochure, which I have read.

I also understand MMPAC retains the right to use any photography, video tapes, motion picture recordings, or any other record of the event or class for publicity, advertising or any legitimate purpose.

MMPAC is not responsible for belongings left at the studio.

PARENT/GUARDIAN (SIGNATURE)

DATE

Automatic Electronic Fund Transfer

I authorize Mid-Maryland Performing Arts Center or assignee to initiate debit entries to my account and financial institution on credit card voucher above. Transfer of funds will occur between the 1st and the 7th of the month for nine (9) consecutive months beginning September 1, 2009. (Students who pre-register will pay September tuition registration). Charge for non-sufficient funds/declined charges is \$25.00 per transfer and if applicable will be added to the following month's transfer.

 Visa Mastercard

Card # _____

Exp. Date ____/____/____ Security Code _____

AUTHORIZED SIGNATURE

DATE