

MASTERS UPPER LEVEL PRE-REGISTRATION FORM FALL 2011-12

Please use this form to pre-register for classes at MUL. Pre-registration does not guarantee availability of classes. Once your information is received, a representative will contact you with more information. Thank you for your interest! *We will be creating the 2011-2012 academy class schedule based on the interest of the dancers.*

Section 1 (ACADEMY STUDENTS ONLY)

1) Student's name _____ D.O.B. ___/___/___
(2) Student's name _____ D.O.B. ___/___/___
(Parent's or legal guardian's names _____
Street _____
City _____ Zip _____ Home Phone [_____] _____
Work Phone [_____] _____ Cell Phone [_____] _____
Emergency Contact (other than parent) _____ Phone _____
Email _____

Does the student have any ailments or restrictions? Yes /No If yes, please explain:

Section 2

How did you hear about us? _____ Has the student had any previous dance training? Yes No
Years of training and disciplines studied? _____

Name(s) of current or previous dance school(s) _____

****YOU WILL BE CALLED OR EMAILED YOUR CLASS TIMES FOR THE FALL FOR APPROVAL AND FINAL REGISTRATION. IF WE ARE UNABLE TO PROVIDE YOU WITH A CLASS YOU PREFER, WE WILL REFUND ALL REGISTRATION FEES. YOU WILL BE NOTIFIED BY AUG. 1, 2011.**

Section 3 (ACADEMY STUDENTS ONLY)

Please list the CLASSES your child is interested in taking at MUL-

Type: _____ Preferred Day/Time frame: _____

Type: _____ Preferred/Day/Time frame: _____

Type: _____ Preferred/Day/Time frame: _____

Payment Options-REGISTRATION FEE \$40.00. If we are unable to provide you with a class, you will not be charged. We will issue a credit and return your check to you.

Credit Card CC# _____ **Exp Date** _____ **3 digit code** _____

Check **Check #** _____ **or Cash Amount** _____

Release of Liability

As the legal parent or guardian, I release and hold harmless MASTERS UPPER LEVEL, L.L.C. (MUL), its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of MASTERS UPPER LEVEL, L.L.C.(MUL), its owners and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to MASTERS UPPER LEVEL, L.L.C. (MUL), its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

Payment and Tuition Information

Tuition is due by the 15TH of each month. If accounts are paid after the 15TH of the month, there will be a \$10.00 late fee applied to the account balance EACH WEEK PAST DUE unless arrangements are made in advance. There is a \$25.00 returned check charge for any checks returned by the bank. Tuition is based on a breakdown of 10 payments, we do not prorate months for missed days, holidays or school vacations.



Date ___/___/___
Signature of parent or legal guardian, if student is under age 18, or student age 18 an older