

DANCE REGISTRATION FORM

Dance Classes & Day _____ Today's Date: _____

Child's Name: _____ Age: _____ Fee: _____
Birth Date: _____

Child's Name: _____ Age: _____ Fee: _____
Birth Date: _____

Parent/Guardian Name: _____

Address: _____

Telephone #: _____ Cell #: _____

Email: _____

Emergency Contact: _____ Telephone #: _____

Cell #: _____ Other #: _____

ACKNOWLEDGEMENT, MEDICAL RELEASE, AND WAIVER OF LIABILITY:

To be signed by participant or participant's guardian if participant is a minor.

I hereby acknowledge my receipt and understanding of the information disclosed on this registration form. I hereby grant permission to the Matthews Community Center staff and dance instructors to obtain medical care from any licensed physician, hospital, medical clinic or emergency medical service organization for the above named at such times as deemed necessary for physical health purposes. I waive all claims against and agree not to sue the Town of Matthews, its officers, agents, and employees as a result of my or my child's participation in the above activities including any decision or action regarding medical care for me or my child.

Print Name _____ Signature _____ Date _____

Special Information _____

DEPT. USE ONLY: Amount Paid _____ Cash _____ Check# _____ Date _____

Registration is now available on line at www.matthewsnc.com – click on the online registration link.

CREDIT CARDS ARE NOW ACCEPTED FOR PAYMENT.

If paying by check please make checks out to *THE TOWN OF MATTHEWS*.

**Matthews Community Center
100 McDowell Street E
Matthews, NC 28105**

Registration may also be made in person at Matthews Community Center, 100 McDowell Street E, Matthews. Registration by mail or in person must be received prior to the first class of each session.