



## Dance Registration Form

Return this page to register or call 860-679-0430. One registration form per person. Class size limited. Early registration advised.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Patient/Client: \_\_\_\_\_

How did you hear about Magna Physical Therapy? \_\_\_\_\_

Sign me up for the Dance Medicine Newsletter: Yes  No

Past Medical History/Allergies/Previous Dance Injuries: \_\_\_\_\_

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### Photo and Video Release Waiver: Please initial and check all that apply.

- I (Parent/Guardian)\_\_\_\_\_ approve photos and video to be taken of my dancer by Magna Ballet Academy.
- I (Parent/Guardian)\_\_\_\_\_ approve photos and video of my dancer to be used by Magna Ballet Academy in future marketing.
- I (Parent/Guardian)\_\_\_\_\_ approve photos and video of my dancer to be used on social media accounts by Magna Ballet Academy.

### Policies:

- It is our policy that services be paid for at the time of or before services are rendered. Payments are non-refundable.
- Children must be in leotard, tights and ballet flats. Skirts and other dance attire may be permitted at the discretion of the instructor.
- Hair must be in a ballet bun, off the back of the neck and away from the face.
- No food, drink (besides water), or street shoes may be permitted in the studio. Snacks are permitted outside of the studio.

## Schedule

Saturday Classes	Hours	Ages
Magna Mini Ballet	9:00-9:45 am	3-4 y.o.
Magna Pre-Ballet	10:00-11:00 am	5-6 y.o.
Magna Primary Ballet	11:00-12:00 pm	7-9 y.o.

9 Week Program Sept. 14<sup>th</sup> – Nov. 16<sup>th</sup>  
 Holiday Weekend Oct. 12<sup>th</sup>

**Please register me for the following:**

- |  |                      |          |
|--|----------------------|----------|
| <input type="checkbox"/> Magna Mini Ballet   | 9:00 am to 9:45 am   | \$185.00 |
| <input type="checkbox"/> Magna Pre-Ballet  | 10:00 am to 11:00 am | \$200.00 |
| <input type="checkbox"/> Magna Primary Ballet  | 11:00 am to 12:00 pm | \$200.00 |
| * 25% off discount second child's registration                                       |                      |          |
| <br>   |                      |          |
| <input type="checkbox"/> Enclosed is my check made payable to Magna Physical Therapy |                      |          |
| <input type="checkbox"/> Enclosed is my cash payment                                 |                      |          |

Forms and payment may be mailed to, called in or dropped off at:

**Magna Physical Therapy & Dance Medicine Center**  
**302 West Main St., Suite 204**  
**Avon, CT 06001**



Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby release Magna Physical Therapy & Sports Medicine Center, LLC, its affiliated entities, employees, trustees, and their respective representatives and agents from all claims, liabilities, and causes of action arising or associated with my participation in this program. I have read the foregoing or it has been read to me, and I understand its contents and significance.

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MPT Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_