



2010/2011 REGISTRATION FORM

Please drop-off at Mayama, 442 High St
or Mail to Box 1070, Lyons, CO 80540

Section 1

(1) Student's name _____ Age _____
D.O.B. ___/___/___ M F

(2) Student's name _____ Age _____
D.O.B. ___/___/___ M F

(3) Student's name _____ Age _____
D.O.B. ___/___/___ M F

Parent's or legal guardian's
Names _____
Street _____ City _____
Zip _____

Parent and/or Student Email _____
Home Phone [] _____ Work Phone [] _____
Cell Phone [] _____

Emergency Contact (other than parent)

Phone [] _____

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

Has the student had any previous dance training? Yes No
If yes, please explain:

Section 2

Please list the classes, days and times you or your child will be enrolling in.

Payment and Tuition Information

Children's Dance – Full Session = \$160.00 **or** four monthly payments of \$45.00

Toddler Classes – Each Eight Week Session = \$72.00

Registered Adult Classes – Each Eight Week Session = \$96.00

(Please add an annual \$10 non-refundable registration fee per student)

Tuition Amount Enclosed \$ _____ **cash or check only please**

If accounts are paid after the tenth of the month, there will be a \$10.00 late fee applied to the account balance. There is a \$25.00 returned check charge for any checks returned by the bank. We do not prorate months for missed scheduled classes. However, individual instructors may offer make-up classes.

Section 3 *Please make sure you have fully read through and understand our studio policies.

Most classes require specific clothing and/or footwear, which must be purchased from dance studio vendors. Class attire requirements are available online or at the studio.

In the spring, Mayama presents an annual dance recital. Each student performing will have to purchase a costume. Costume, make-up and recital fees are calculated and determined at the beginning of the spring session. All recital fees must be paid by the first week of March 2011.

I, _____ (Your name)

have enrolled _____ (Name of student)

in a program of strenuous physical activity, offered by Mayama Movement Studio. I hereby affirm that I am or the above named person(s) are in good physical condition and do not suffer from any disability that would prevent or limit participation in this exercise, dance, or any other activities on the premises. I, for myself, my heirs and assigns, hereby release Mayama Movement Studio, the owners/directors, Alison Kishiyama & Jasmine Lok, their families, employees (independent contractors), and the owners of 442 High Street, Lyons, CO 80540, from any claims, demands and causes of action arising from my or the above named person's participation in any of the above stated programs. I hereby release Mayama Movement Studio, the owners/directors, Alison Kishiyama & Jasmine Lok, their families, employees (independent contractors), and the owners of 442 High Street, Lyons, CO 80540, from any liability now or in the future for any injuries caused by participation in any of the above stated programs offered at Mayama Movement Studio or at any time, while in the vicinity of the premises or in any activity sponsored, represented or organized by Mayama Movement Studio and the owners of 442 High Street, Lyons, CO 80540. I also understand that photos and videos may be taken throughout the year and these images may be published or used for advertising and promotional purposes by Mayama Movement Studio, and its agents. I understand I will not be able to protest any such use or receive compensation of any type for use of these pictures. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver and have read and fully understand the studio policies.

Medical Emergency

The undersigned gives permission to Mayama Movement Studio, 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. I request that our doctor/physician _____ be called (phone number) _____ and that my child be transported to _____ hospital.

Signature of parent or legal guardian, if student is under age 18, or student, age 18 and older.

_____ Date ____ / ____ / ____

Class Attire

Fall 2010

Ballet

Girls:

1. Any Style of solid black leotard
2. Pink canvas or leather ballet slippers
3. Full footed pink tights
4. Hair secured away from face and neck

Boys:

1. White tee shirt
2. Black yoga/jazz pants
3. White socks
4. Black leather or canvas ballet slippers

Tap/Jazz

Girls

1. Leotard of any color or style
2. Tights
3. Jazz/Yoga style pants or mid-thigh shorts
4. Black jazz and/or tap shoes
5. Hair secured away from face and neck

Boys

1. Tee-shirt
2. Jazz/Yoga style pants
3. Black jazz and/or tap shoes

Hip Hop

1. Leotard or shirt and loose fitting pants or mid-thigh shorts
2. Flat bottom tennis shoes.

(Shoes must **not** be worn outside to prevent damage to our studio floor.)

Creative Movement, Little Bird and World Music

1. Comfortable clothes
2. Bare feet

Beginning Adult Ballroom

1. Comfortable clothes.
2. Light weight shoes