



2011/2012 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 _____

Email _____

(Please provide us with a current and legible email. All communication is done through this media.)

Home Phone [] _____

Cell Phone [] _____ Work 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/children will be enrolling in.

Payment and Tuition Information

Fall 2011

Toddler Classes – Each Eight Week Session = \$72.00
(Session 1 - Aug. 21st – Oct. 15th)
(Session 2 - Oct. 16th – Dec. 17th)

Registered Adult Classes – Each Eight Week Session = \$96.00
Registered Adult Belly Dance – Session 2 only
(Session 2 - Oct. 16th – Dec. 17th) = \$96.00

Dance – 16 week Session, **August 21st – December 17th**
Pricing is per student/per class
1 class = \$180 or 5 monthly payments of \$40
2 classes = \$330 or 5 monthly payments of \$70
3 classes = \$480 or 5 monthly payments of \$100
4 classes = \$630 or 5 monthly payments of \$130

Winter 2011

Toddler Classes – Each Nine Week Session = \$81.00
(Session 1 – January 8th – March 10th)
(Session 2 – March 11th – May 19th)

Registered Adult Classes – Each Nine Week Session
= \$108.00

Dance – 18 week Session, **January 8th – May 19th**
Pricing is per student/per class
1 class = \$200 or 5 monthly payments of \$45
2 classes = \$350 or 5 monthly payments of \$75
3 classes = \$500 or 5 monthly payments of \$105
4 classes = \$650 or 5 monthly payments of \$135

Tuition Amount + \$10.00 registration fee x # of students = Tuition Amount

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.

I have read and understand Mayama's Studio Guidelines located on their website that explain the policies surrounding withdrawal, missed and canceled classes, and recital commitments. (Please initial) _____

Section 3

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 ____/____/____