



1824 Kaiser Avenue, Irvine, CA 92614 • info@mapleconservatory.com • Tel 949-660-9930 • Fax 949-660-9932

Master Class Registration Form

You must complete this form and submit it to the Maple Conservatory of Dance with class payment to guarantee your place in the Master Class. If paying by credit card, you may fax the completed form to us. Spaces in our master classes are available on a first-come-first-serve basis. Please make checks payable to the Maple Conservatory of Dance. **IF, AFTER REGISTERING FOR THE CLASS, YOU ARE NOT ABLE TO ATTEND PLEASE CALL US AS SOON AS POSSIBLE AT 949-660-9930.**

Student's Name: _____ **Class Date & Level** _____
(Last Name, First Name, M.I.)

Student Contact Information:

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

E-mail address: _____

Student information:

Date of Birth: ____ / ____ / ____ Age: ____ Current Dance School: _____

What level are you in? _____ Years of ballet? _____ Years of pointe? _____

Payment Information:

Paying by (select one): _____ Cash _____ Check _____ Credit Card (VISA or Mastercard)

Complete the following if paying by credit card:

Credit Card (select one): _____ VISA _____ Mastercard

Card holder's Name (as it appears on the card): _____ Exp. Date (MM/YY): ____ / ____

Credit Card Number: _____ - _____ - _____ - _____ CVV2 Number: _____
(Enter your 16-digit credit card number) (This is the 3-4 code on back of the card)

I hereby authorize the Maple Conservatory of Dance to charge my credit card the Master Class fee of \$ _____

Signature of Credit Card Holder

Date

Signatures:

The above information I have supplied is true and correct to the best of my knowledge.

I understand that if I cancel my/my child's participation in this master class within seven (7) days of the master class, I am not entitled to a refund.

I hereby irrevocably consent to and authorize the use and reproduction by the Maple Conservatory of Dance of any and all photographs, recordings, videotapes by the Maple Conservatory of Dance for any purpose without compensation to the student.

I hereby shall indemnify, hold harmless and defend the Maple Conservatory of Dance, its agents, and employees except in the case of willful negligence or misconduct on their part against any and all claims, actions, or suits brought for damages or alleged damage, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property from loss of life sustained by myself or my child while I or my child is a participant in the Maple Conservatory of Dance classes.

I have read and agree to the above policy statements and waiver of liability.

Student Signature: _____ Date: _____

Parent Signature (if student is under 18) _____ Date: _____