



MMPAC Registration Form

Family Information

Contact #1	First Name	<input type="text"/>	Last Name	<input type="text"/>	Type	<input type="text"/>
	Home Phone	<input type="text"/>	Cell phone	<input type="text"/>	Work	<input type="text"/>
	Email	<input type="text"/>				
(Emails kept confidential)						
Contact #2	First Name	<input type="text"/>	Last Name	<input type="text"/>	Type	<input type="text"/>
	Home Phone	<input type="text"/>	Cell phone	<input type="text"/>	Work	<input type="text"/>
	Email	<input type="text"/>				
(Emails kept confidential)						
Home Address	<input type="text"/>				City/State/Zip	<input type="text"/>
	Home Phone	<input type="text"/>	Additional Emergency Contact		<input type="text"/>	

Student Information

Student #1	First Name	<input type="text"/>	Last Name	<input type="text"/>	Gender	<input type="text"/>	
	Birthdate	<input type="text" value="(mm/dd/yyyy)"/>	<input type="text"/>	Email	<input type="text"/>		
	Disabilities	<input type="text"/>					
	Allergies	<input type="text"/>					
	Medications	<input type="text"/>					
	Physician	<input type="text"/>			phone number	<input type="text"/>	
	Class #1	<input type="text"/>			Enroll Date	<input type="text"/>	
	Class #2	<input type="text"/>			Enroll Date	<input type="text"/>	
	Class #3	<input type="text"/>			Enroll Date	<input type="text"/>	
	Student #2	First Name	<input type="text"/>	Last Name	<input type="text"/>	Gender	<input type="text"/>
Birthdate		<input type="text" value="(mm/dd/yyyy)"/>	<input type="text"/>	Email	<input type="text"/>		
Disabilities		<input type="text"/>					
Allergies		<input type="text"/>					
Medications		<input type="text"/>					
Physician		<input type="text"/>			phone number	<input type="text"/>	
Class #1		<input type="text"/>			Enroll Date	<input type="text"/>	
Class #2		<input type="text"/>			Enroll Date	<input type="text"/>	
Class #3		<input type="text"/>			Enroll Date	<input type="text"/>	

See reverse side for Payment Info and Waivers

Payment Info

(Visa or Mastercard)

Credit Card#			Name on Card		
Exp. Date	Month		Year		
Address					
City / State				Zip	

Medical and General Waiver

I hereby authorize the staff members of the Mid-Maryland Performing Arts Center (MMPAC) to act for me according to their best judgement in any emergency requiring medical attention and I hereby waive and release MMPAC from any and all liability for any injuries or illnesses while going to and from and while at the MMPAC studios. All medical expenses incurred will be the responsibility of the student or the student's family.

In lieu of a medical certificate signed by a doctor, I have no knowledge of any physical or mental impairments that would be affected by the named student participation in this program, as outlines in any brochure, which I have read.

I also understand MMPAC retains the right to use any photography, video tapes, motion picture recordings, or any other record of the event or class for publicity, advertising or any legitimate purpose.

MMPAC is not responsible for belongings left at the studio.

PARENT/GUARDIAN (SIGNATURE)

DATE

Automatic Electronic Fund Transfer

I authorize Mid-Maryland Performing Arts Center or assignee to initiate debit entries to my account and financial institution on credit card voucher above. Transfer of funds will occur between the 1st and the 7th of the month for nine (9) consecutive months beginning September 1. (Students who pre-register will pay September tuition registration). Charge for non-sufficient funds/declined charges is \$25.00 per transfer and if applicable will be added to the following month's transfer.

(Visa or Mastercard)

Card #			
Exp. Date	/	Security Code	

AUTHORIZED SIGNATURE

DATE