



Montana Dance Works
3105 Harrison Avenue Butte, MT 59701
www.montanadanceworks.com

Tumbling Clinic 2019

Student Information – Please type or print legibly.

Last Name: _____ First Name: _____

Gender: ___Female ___Male Grade: _____ Date of Birth: _____ Previous Years of Dance: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Phone Number: _____ Phone Number: _____

Email Address: _____ Email Address: _____

Emergency Contact (other than parents): _____

\$25
Limited Space (15 Spots per level) – Register Early
 Checks must be payable to: MONTANA DANCE WORKS
 There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds.

Tumbling Clinic - Ages 5 and Up
Please circle clinic(s) attending and what level:

Wednesday, April 17th 1:30-3:00pm

Please circle appropriate level:
Beginning/Intermediate

Intermediate/Advanced (*Must have backbend down and up unassisted*)

___Check ___Cash ___ Visa ___ MasterCard ___ Discover ___ Amex

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ Verification Code: _____ Billing Zip Code: _____

Signature: _____

Release:

I hereby acknowledge the health of my child to be ready for vigorous activity during dance or acrobatic lessons and authorize the directors to secure any emergency treatment deemed necessary. I hereby release the teachers, assistants, personnel, and Montana Dance Works from all claims for injuries sustained while participating in this program. I hereby acknowledge that Montana Dance Works may take and use photos/videos of my child(ren) for marketing material.

Parent or Guardian Signature: _____ Date: _____