



Mallory Ward School of Dance

2024-2025

Registration Form for Dance Classes

Date: _____

- Check box if you are a returning student and all your information is the same as previous year.

Name of Dancer _____

Address for Receiving Mail _____ City _____ Zip _____

E-Mail Address (1) _____ (2) _____

Parent(s) Name _____

Phone(s): Home _____ Work _____ Cell# _____

Cell# _____

Date of Birth _____ / _____ / _____ Age _____

School attending in the Fall 2024 _____ Grade (Fall 24) _____

List Daycare or after school program for your child _____

List Prior dance history if any _____

Please make note of any physical, medical limitations or medications of dancer _____

Class Enrollment

Check the type of classes that you are registering for:

- Tiny Tots - Suggested for 2 & 3 year olds - Preschool combination class that will include Ballet & Creative Movement
- Preschool Combo Class (4 year olds & 5 year olds) that will include Ballet, Tap & Creative Movement
- School Age Combo Classes to include Ballet, Tap & Jazz (Suggested for 1st grade - 6th grade)
- Acrobatic/Tumbling (Preschool & up)
- Ballet (Suggested for the serious dancer, 7th grade & up (2) days a week, if Ballet, Tap and Jazz are selected)
- Tap (Suggested for the serious dancer 7th grade up)
- Jazz (Suggested for the serious dancer 7th grade up)
- Troope Class (To be eligible for troope, one must take all three classes in Ballet, Tap & Jazz for at least a period of 1 year and be 4th grade).
Must meet the approval of teacher by interview and review for all new and returning dancers.
- Intensive Class designed for the very serious dancer. Dance competitions are a requirement in this class. Competition fees are NOT included in tuition. Must take Ballet, Tap, Jazz & be a member of the All That Glitters Dance Troope and must attend summer Boot Camp.
*By teacher(s) recommendation only
- Hip-Hop for school-aged Beginners thru Advanced students.
- Pointe (Teacher recommendation only)
- Mommie and Me Class - designed for the toddler and caregiver to share Music & Movement together
Fall & Spring sessions – No registration form required

MALLORY WARD SCHOOL OF DANCE

229.382.9466 or 229.848.0707

www.mwsod.com

mallory@mwsod.com

TO COMPLETE YOUR REGISTRATION

Submit fee of **\$30.00** on or before June 1st, 2024 **non-refundable**
(After June 1st, fee is **\$40.00**)

HOW DID YOU HEAR ABOUT US?

- Family/Friend
 Advertisement
 Yellow Pages
 Online
 Other

IN CASE OF EMERGENCY (other than Parent/Guardian)

Name of Contact _____
 Relationship to Student _____
 Home Phone _____ Work Phone _____

Just as a friendly reminder:

We are open for classes Monday through Friday. Your requests will be **considered but cannot be guaranteed** when scheduling classes. You may list your requests here:

I hereby give permission for images of my child, captured during regular dance classes, rehearsals, performances and special activities through video, photo and digital camera, to be used solely for the purposes Mallory Ward School of Dance, LLC promotional materials, newsletters, websites and publications, and waive any rights of compensation or ownership thereto. If you do not agree with the above statement, it is your responsibility to submit a written letter to Mallory Ward School of Dance, LLC stating your disagreement.

By the signature below, I agree that the information provided is true. I hereby agree to abide by the rules and regulations of Mallory Ward School of Dance, LLC, a copy of which will be provided to me upon final registration. I agree that Mallory Ward School of Dance, LLC, and its employees are not liable for any injuries or damages including, without limitation, direct, incidental, special, consequential or punitive damages in connection with or arising from the students enrollment or use of the Mallory Ward School of Dance, LLC, and facilities.

X _____ Date _____
Parent/Guardian Signature

Please mail registration form along with the appropriate registration fee payable to Mallory Ward School of Dance to the following address:

Mallory Ward School of Dance
 Attn: Student Registration
 202 26th Street West
 Tifton, GA 31794



MALLORY WARD SCHOOL OF DANCE

2023-2024 DANCE PARTICIPATION FORM

Students enrolling for the 2021-2022 academic year should be aware that professional training in dance is rigorous and is particularly stressful to the muscular and skeletal structures of the body.

In order to insure a positive training program, we ask that you list below any current medical limitations such as allergies, diabetes, seizures, joint problems, high blood pressure, asthma, fainting, surgeries, etc. If there are no medical limitations, you may check the appropriate box, sign your name and return this form to Mallory Ward School of Dance.

Student - print name (required): _____ Parent/Guardian - print name (required): _____

Student's signature (required): _____ Parent/Guardian's signature (required): _____

Date: _____ Date: _____

- Dancer has no medical limitations and can actively participate in all my dance classes
- Dancer has the following current medical limitation(s)* (see box below)

Parents: Please list any current medical limitations that could prevent this dancer from actively participating and performing fully in the program such as allergies, diabetes, seizures, joint problems, high blood pressure, asthma, fainting, surgeries, broken bones, etc.

****If injured, You must ask your doctor to provide the following information and return to Mallory Ward School of Dance.***

*****Please note: A doctor's signature is required ONLY if there are physical limitations*****

**If you are not able to begin the year at full physical capability as described above, it may be best that you delay your enrollment. Please contact the staff to discuss your situation.

Doctor:

Dr. Name: _____ Specialty: _____

- Current** Injury, Condition or Other Limitation: _____
 Treatment or restrictions prescribed: _____
 Activity level: _____
 No dance. **Length of time prescribed: _____
 Dance to pain tolerance. Length of time prescribed: _____
 No jumping. Length of time prescribed: _____
 No pointe work. Length of time prescribed: _____
 No lifting. Length of time prescribed: _____
 Other: _____ Length of time prescribed: _____
- Previous** Injuries, Conditions or Other Limitations: _____
 Treatment or restrictions prescribed: _____
- Chronic** Injuries, Conditions or Other Limitations: _____
 Treatment or restrictions prescribed: _____

Doctor's Signature _____ Date _____

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