DANCE REGISTRATION FORM

Dance Classes & Day		Today's Date:		
Child's Name:	A	Age:	Fee:	
Birth Date:				
Child's Name:	A	Age:	Fee:	
Birth Date:				
Parent/Guardian Name:				
Address:				
Telephone #:	Cell #:			
Email:				
Emergency Contact:	Telej	ohone #:		
Cell #:	Othe	er #:		
To be signed by I herby acknowledge my receipt and u permission to the Matthews Communi hospital, medical clinic or emergency physical health purposes. I waive all cl	ity Center staff and dance instructor medical service organization for the laims against and agree not to sue t	uardian if pasclosed on this to obtain mee above named the Town of M	registration form. I herby grant edical care from any licensed physician, d at such times as deemed necessary for	
Print Name	Signature		Date	
Special Information				
		Amou Cash	C. USE ONLY: unt Paid Check#	

Registration is now available on line at www.matthewsnc.com - click on the online registration link.

CREDIT CARDS ARE NOW ACCEPTED FOR PAYMENT.

If paying by check please make checks out to THE TOWN OF MATTHEWS.

Matthews Community Center 100 McDowell Street E Matthews, NC 28105

Registration may also be made in person at Matthews Community Center, 100 McDowell Street E, Matthews. Registration by mail or in person must be received prior to the first class of each session.