STUDIO MC PERFORMING ARTS CENTRE
2026-2027 DANCE SEASON
REGISTRATION FORM

STUDENT'S NAME_____
(LAST) (FIRST) (MIDDLE)

AGE_____**BIRTHDATE**_____**GRADE**_____**SCHOOL**_____

ADDRESS_____**CITY**_____**STATE**_____**ZIP**_____

PARENTS NAME (FIRST & LAST)_____

PHONE OF PARENT/GUARDIAN_____
RELATIONSHIP TO STUDENT

EMAIL ADDRESS_____

PLEASE CIRCLE CLASSES ENROLLING IN (IF PRIVATE OR SEMI PRIVATE PLEASE FILL IN CLASS TYPE)

TAP(3+) JAZZ(3+) BALLET(3+) HIP-HOP(3+) LYRICAL(5+) POINTE(8+)

GYMNASTICS(3+) CHEER BASICS LEVEL 1(3-6) CHEER LEVEL 2(6+) TURNS,LEAPS&JUMPS(10+)

TINY TAP(15 MO.-3) TINY TUMBLERS(15 MO.-3) TINY HIP HOP(15 MO.-3) TINY TUTU(15 MO.-3)

MOMMY & ME(12 MO.-3) PRE-TECH(4-6) TECH(6+) MASTER HIP HOP(MUST BE IN DANCERS OR LINE)

PRIVATES, SEMI PRIVATES & TRIOS ARE OFFERED IN ALL GENRES OF DANCE, GYMNASTICS & CHEER!
PLEASE LIST WHAT YOU WILL BE TAKING BELOW:

PRIVATE_____**PRIVATE #2**_____**SEMI PRIVATE**_____**PARTNER**_____

CLASS DAY AND TIME PREFERRRED_____

MEDICAL INFORMATION FORM

Bones & Joints_____
Muscles_____
Ears/Eyes_____
Other _____Chronic Ailments_____
Asthma _____Other Respiratory_____
Heart _____Circulatory_____
Diabetes _____Tetanus Shots_____
Hypoglycemia _____Epilepsy_____
Hemophilia _____
List Allergies To Medications, Shots, Etc.
Preferred Physician_____
Phone_____
Preferred Hospital_____
Guardian Or Next of Kin other than parent:
Name _____Phone_____
Relationship to student_____

State of WV County of Ohio Release Form

I (We) the undersigned student, parent, or legal guardian of a student of Studio MC Performing Arts Centre for in consideration of my enrollment to the enrollment of my child or a student for whom I have been granted legal custody I voluntarily and knowingly execute this release with the expressed intention affecting the extinguishment of and complete release from any and all claims, actions, demands or rights to monetary judgment arising from any and all injuries or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward deriving from physical activity associated with the study of Dance, Gymnastics or Cheerleading and related activities conducted by the Studio MC Performing Arts Centre, LLC.

EXECUTED THIS _____DAY OF _____20_____

PARENT OR LEGAL GUARDIAN (PLEASE SIGN)

_____

2239 MARKET STREET WHEELING, WV 26003 304-233-2470 STUDIOMCPAC@GMAIL.COM