



REGISTRATION FORM

2026—2027

P.O. Box 1147 ▪ 130 VALLEJO ST. ▪ EL GRANADA, CA 94018 ▪ 650.787-8678

STUDENT 1

Day/Time _____
Age _____ Sex _____ Birthdate _____
School/Grade _____
Allergies, Medical Conditions _____
Dr. Name and Phone _____

STUDENT 2

Day/Time _____
Age _____ Sex _____ Birthdate _____
School/Grade _____
Allergies, Medical Conditions _____
Dr. Name and Phone _____

PARENT NAME _____ CELL PHONE: _____

PARENT NAME _____ CELL PHONE: _____

HOME PHONE: _____ Address/City/Zip Code: _____

E-MAIL (Print clearly): _____

EMERGENCY CONTACT: _____ PHONE: _____

TERMS AND CONDITIONS

I am aware that tuition payments are due in full the FIRST CLASS DAY of each month. If paid after the 15th of each month, I will be responsible for the full tuition charge as stated in the tuition schedule and a \$15.00 late fee. I also understand that absolutely no pro-rating of tuition will be made. Make-up classes are available for missed classes within the month.

Waiver of Liability Form: I, the undersigned parent or guardian do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree on behalf of myself and my minor child/ward to release, indemnify and defend, and hold Michelle McDonald (MM) Gotta Dance, its agents, employees, independent contractors, and volunteers, harmless from, and against any and all liability for any injury which may be suffered arising out of, or in anyway connected with participation by the aforementioned individual(s) in this activity/program.

I, on behalf of my minor child/ward, agree to participate in this activity knowing that it may involve risk of serious injury, and that accidents may occasionally occur during this activity, and thus assume any and all such associated risks. This waiver, release, and assumption of risk discharges Michelle McDonald (MM) Gotta Dance, its agents, employees, independent contractors, and volunteers from any and all liability arising out of, or connected in any way with, participation in this activity by the individual(s) named herein, even though that liability might arise out of negligence or carelessness on the part of Michelle McDonald (MM) Gotta Dance, its agents, employees, independent contractors, and/or volunteers.

This waiver, release and assumption of risk binds my heirs and assigns, and those of the aforementioned individual(s).

Photograph Consent Form: Michelle McDonald (MM) Gotta Dance or its authorized agents may photograph and/or videotape participants in Michelle McDonald (MM) Gotta Dance sponsored recreation activities. I hereby acknowledge and consent to the Michelle McDonald (MM) Gotta Dance's use of the aforementioned individual(s)' name, voice, photograph, video, and/or likeness in the Michelle McDonald (MM) Gotta Dance website, Michelle McDonald (MM) Gotta Dance advertising, and any promotional material uses related to Michelle McDonald (MM) Gotta Dance.

PARENT/LEGAL GARDIAN SIGNATURE: _____ DATE: _____

PAYMENT: Tuition: \$ _____

\$40/yr Reg. Fee: \$ _____

TOTAL \$ _____

(☐ Check # _____ ☐ Cash _____ ☐ Venmo _____ ☐ Zelle _____)

Checks payable to: *Michelle McDonald (not Gotta Dance)*

MATTHEW MCDONALD
at mmgottadance@yahoo.com
650-302-4452



zelle

MICHELLE MCDONALD
@ MICHELLE-MCDONALD-19748
8678-Last Four of #



venmo