



Metayer Conservatory For the Arts

Phone: (404) 491-9719

MetayerCFA@gmail.com

REGISTRATION FORM

A Non-refundable Registration Fee is payable upon completing this form. Make checks payable to: Metayer Conservatory for the Arts or MCFA

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate: _____

Cell: _____ E-mail: _____

Age: _____ years old Date of Birth: _____ / _____ / _____ Sex: _____

Student's School Name: _____ Grade: _____

Mother's Name (or Guardian) Father's Name (or Guardian)

Address if different from above:
_____ City, State, Zip _____

ALL APPLICANTS EMERGENCY CONTACTS (List Two):

Name: _____ Tel: _____

Name: _____ Tel: _____

LIST ANY MEDICAL CONCERNS, ALLERGIES ETC.

PREVIOUS DANCE TRAINING:

School: _____ Years of Training: _____

Liability Release Statement:

Due to the nature of physical exercise and participation in activities sponsored by Metayer Conservatory for the Arts, we require that you complete and sign the attached permission and waiver of liability form for your child. If you have any questions concerning this form or participation in the class, please do not hesitate to contact me. I look forward to teaching your child.

Parent/Guardian Signature _____ Date _____