Patsy’s Dance Studio

2019 – 2020 Registration Form

Students of dance or gymnastics

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List regular class(es) that \_\_\_\_\_\_\_\_\_\_\_\_(nickname, if any) is registering for:

Day/time/teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Day/time/teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day/time/teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name & address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name & telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTOGRAPHIC RELEASE:** I give permission for photos of my child to be taken during dance/tumbling classes. Photos will be used in social media and advertisements. \_\_\_\_yes \_\_\_\_no

**MONTHLY PAYMENTS**: I will pay monthly payments and I understand that monthly fees are due on the first class of the each month. If paid after 15th of the month, a $10 late fee will be added to studio account.

**RELEASE OF LIABILITY**: I, the undersigned, recognizing that classes involving physical activity may result in personal injury, do release Patsy’s Dance Studio & her staff from all liability. In the case of emergency, if I or my emergency contact cannot be reached, I authorize Patsy or her staff to secure medical assistance. I have taken the necessary steps in obtaining accidental, health, or hospitalization insurance that would cover any sustained injury.

Parent responsible for the safe & timely drop-off & pick up of all students.

Please put name in **ALL** shoes & articles of clothing.

**I HAVE READ, UNDERSTAND AND AGREE WITH ALL THE ABOVE**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by (Parent or legal guardian or adult student)

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For office use only

Monthly fee $\_\_\_\_\_\_\_\_\_\_\_\_ paid registration day yes\_\_\_\_ no \_\_\_\_

Registration fee $20 per family…… yes \_\_\_\_\_

Amount paid $ \_\_\_\_\_\_