

Registration Form

Student's Name _ Middle First Last Age______ Date of Birth_______Sex____ Student's Address Father/Guardian Name_____ Address Phone (H) _____ (W) ____ Mother/Guardian Name_____ Address _____ Phone (H) _____ (W) Person Responsible for Tuition Phone (H) _____ (W) ____ Emergency Contact(s) other than Parent or Doctor Address _____ Name____ Phone_____

Medical and Liability Release Parent/Guardian's Agreement

Agreement:	
Student's First & Last Name	
will be permitted to take part in dance and gymnastics a I/We release Ms. Patricia's School of Dance & Gymnas sponsors from any liability of above student, to us, or to for injury to above student and further agree to indemni Dance & Gymnastics, proprietors, instructors and spons which they may incur or become responsible for, arising participation in such activities and athletics.	stics, proprietors, instructors and o either of us as parents/guardians ify Ms. Patricia's School of sors against all loss and liability
Parent/Guardian Signature email:	Date
Signature of Parent/Guardian	Date
Photography Waiver F	'orm
I am granting permission for my child to be filmed, vide photographed and are granting full use of the likeness, v compensation. I have read and understood this waiver and affix my nar Please Type Your Child's Name and Your Name As Prot this Release Form:	woice, and words without me in agreement.
Parent or Guardian's Signature:	
Child(ren)'s Name(s):	
Date:	
Tuition	

Tuition is due by the 10th of each month. After the 20th, a late fee of \$25 will be due. If not paid by then, the student will not be allowed to attend until the account is current. If not paid, the balance due will be turned over to a collection agency.