

STUDIO A
SUMMER REGISTRATION FORM

Date _____

Name _____

Address _____

City _____ Zip _____

Telephone No. _____ Cell No. _____

Birthdate _____ Parent/Guardian _____

Emergency Contact _____ Telephone No. _____

Email address (required): _____

Please list and explain any existing medical or health problems / situations which the teacher should be aware of (asthma, diabetes, epilepsy, etc.)

Specify classes desired (day and time):

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | |
| 6. _____ | |

Amount paid (Please include \$15 annual registration fee) \$ _____ Vacation Days _____
(required for Pro-Rate)

How did you hear about **STUDIO A**? _____

Waiver and Release

I hereby release the officers, directors, employees, and contractors of Studio A Dance Instruction, Inc. from any and all claims for damages, injuries, and property loss which I or my children may sustain while participating in any activity connected with Studio A.

Signature of Student (or legal guardian, if student is under 18 years of age)

Date

I hereby give permission to Studio A to use pictures of my child, _____, in their brochure and/or website. It is understood that no names will be included with these pictures.

Signature of Parent/Legal Guardian

Date