Ms. Patricia's

School of Dance & Gymnastics

P.O. Box 9 • Byron, GA 31008

Registration Form

Student's Name _____
First Middle 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 _____
Address _____
Phone (H) _____ (W) _____

Emergency Contact(s) other than Parent or Doctor
Name _____
Address _____
Phone _____

Name _____
Address _____
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 activities offered by Ms. Patricia's. I/We release Ms. Patricia's School of Dance & Gymnastics, proprietors, instructors and sponsors from any liability of above student, to us, or to either of us as parents/guardians for injury to above student and further agree to indemnify Ms. Patricia's School of Dance & Gymnastics, proprietors, instructors and sponsors against all loss and liability which they may incur or become responsible for, arising by virtue of above student's participation in such activities and athletics.

_____

(Parent/Guardian Signature) Date

I/We have completed all registration, medical & liability release forms.

_____

Signature of Parent/Guardian Date