

PREMIER CLASS REGISTRATION

Please fill out completely. Make sure to read the Studio Policies as well as the Waiver of Liability and Risk, and then sign to acknowledge that you agree.



Student Name _____
Birth date _____ School _____ Grade _____
Medical Info/Health Concerns _____
Parent/Guardian Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Email _____
Home Phone Number (_____) _____ Cell Phone Number (_____) _____
Emergency Contact Name _____
Relation to Student _____ Phone Number (_____) _____

MEDICAL RELEASE: In the event you are unable to reach me, in the case of accident or injury, I give my permission for treatment as deemed necessary by staff or emergency personnel.

Child Name _____
Parent/Guardian Signature _____ Date _____

CLASSES ENROLLING IN:

1. _____

2. _____

TUITION:

REGISTRATION FEE: \$40

TOTAL DUE: \$ _____

***REGISTRATION FEE:** \$40 per family is required with the registration form to reserve class space. Registration will not be considered complete and class space is not reserved until this fee PLUS the first month's tuition has been paid.

I have read the Studio Policies and Liability Waiver pages. I understand ALL policies and studio rules, and I agree to be bound by the statements read.

PRINTED: _____

SIGNED: _____

DATE: _____