

TAMALYN'S DANCE CENTRE

Registration Form

Gmail _____
Roll _____
N/C/Days _____

Student's Name: _____

Mother's Name: _____

Father's Name: _____

Name and address to whom mailings are to be sent: New?

Name: _____

Street Address: _____

City, State, Zip Code: _____

Mother's Work #: _____ Mother's Cell #: _____

Emergency #: _____ Father's/Student's Cell #: _____

Email address (print):

Class Name	Day	Time	Class Name	Day	Time

I do hereby release Tamalyn's Dance Centre; the owners of the premises where the instructional education takes place or any auxiliary staff from any liability in connection with said instructional education classes. I waive and declare further that I am / my child is in good health and can participate in physical activities, mainly dance education and exercise classes. My physician is aware of my participation in these classes and has given permission for me to participate. Given the nature of any physical education classes, and with the knowledge that injuries sometimes may occur, I have taken the necessary steps to obtain health or hospitalization insurance, which would cover any sustained injuries.

Signature _____ Date / /

Student's Date of Birth / /

I do hereby give Tamalyn's Dance Centre permission to use images of myself/ my child as representatives of Tamalyn's Dance Centre for the express purpose of advertising, social and print media.

Signature _____ Date / /

Office use

Reg _____ Sept _____ Dance Wear _____ Total Pd. _____ Ck/Rcpt _____

L/C BS _____ P/S JS _____ HH _____ CHS _____ BTS _____ RTS _____

TIGHTS (Color) _____ (Size) _____ LEO (Style) _____ (Color) _____ (Size) _____