TAMALYN'S DANCE CENTRE

Registration Form

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 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 waiver 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_____ June_____ Dance Wear_____ Total Pd._____ Ck/Rcpt _____

L/C BS_____ P/S JS_____ HH_____ CHS_____ BTS_____ RTS_____

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