

2022-2023

TAMALYN'S DANCE CENTRE

Martial Arts/Yoga

Registration Form

Student's Name:

Mother's Name:

Father's Name:

Name and address to whom mailings are to be sent:

Name:

Street Address:

City, State, Zip Code:

Mother's/Student's Work #: Mother's/Student's Cell #:

Emergency #: Father's Cell #:

Email address (print):

Grid for email address input

Table with 4 columns: Class Name, Day, Class Name, Day. Row 1: Martial Arts Youth / Adult (circle), Fri and Sun, Yoga, W / Th / S (circle all that apply)

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 section with fields for Registration (month), Total Pd., Ck/Rcpt, Gmail acct, Roll