

Athletistry Performing Arts Center Registration

DANCER'S NAME: _____	D.O.B.: ____/____/____	AGE: _____
MAILING ADDRESS: (STREET)	(CITY)	(ZIP CODE)
CONTACT #1 NAME: CONTACT #1 PHONE:	CONTACT #2 NAME: CONTACT #2 PHONE:	
EMAIL ADDRESS:	SECONDARY EMAIL:	
EMERGENCY CONTACT:	PHONE:	
NEW OR FORMER STUDENT? _____	YEARS OF STUDY AT ATHLETISTRY:	
PARENTS LAST NAME:	CREDIT CARD ON FILE: YES NO <i>*Please see office for appropriate form</i>	

CLASS DAY & TIME	CLASS SUBJECT	CLASS DURATION	TOTAL HOURS

Siblings & # Of Classes (If Applicable): _____ Monthly Family Payment: _____

Registration Fee: _____ Total Payment/Date: (CK, CC or Cash): _____

In consideration of the benefits derived from Athletistry Performing Arts Center, [I/We] do hereby agree to indemnify and hold harmless, release and discharge of Athletistry Performing Arts Center and staff from any and all claims for personal injury or property loss or damage occurring to or sustained by [My/Our] child while participating in activities in or with Athletistry Performing Arts Center and staff. I HAVE READ AND AGREE TO ABIDE BY ALL TERMS AND CONDITIONS CONTAINED WITHIN THIS RELEASE STATEMENT.

PARENTS/GUARDIAN SIGNATURE: _____ DATE: _____