

REGISTRATION FORM

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Medical Problems \_\_\_\_\_

Class Time & Day \_\_\_\_\_

Release: I hereby release all rights and claims against the Teresa George School of Dance for any and all injuries and accidents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Referred by: \_\_\_\_\_