

Registration Card 2010-11

Mauri's School of Dance, Inc.

Reg. Fee Payment _____

Class Time _____

Student(s) Name _____

Address _____

City _____ Zip Code _____

Home # _____ Work # _____

Cell # _____ Parents Email _____

Birthdate _____ Age (as of 9/1/10) _____

Parent(s) Name _____

Billing Address (if different from above) _____

Please list any chronic health concerns / allergies that may be present in your child during the dance year.

Notification of Risk Waiver

I hereby give permission for my child/children _____ to participate in activities at Mauri's School of Dance, Inc. I am assuming all risks and hazards incidental to the conduct of these activities and the transportation to and from these activities.

My child has no physical condition that would limit his/her participation in dance class. In case of an emergency, Mauri's School of Dance, Inc.'s staff has my permission to use their best judgment with regard to treatment until I can be contacted.

Date

Signature, Parent or Guardian

In case of serious accident/illness and I cannot be reached, I hereby authorize my child's primary physician, Dr. _____ (phone number) _____ to give necessary treatment. You have my permission to call him/her.

Health insurance Co. _____

Policy No. _____

Group No. _____

I have read and understand the studio policies for payment late charges, returned check fee and watch week.

Signature

How did you hear about us?

Newspaper

Internet

Phonebook

BBB

Word of Mouth

Other _____