

# Registration Card 2011-12

Reg. Fee Payment

*Mauri's School of Dance, Inc.*

Class Time \_\_\_\_\_

Student(s)

Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Parents Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Age (as of 9/1/11) \_\_\_\_\_

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 \_\_\_\_\_