

## K Studio - Summer Registration

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

\_\_\_\_\_ (work)

\_\_\_\_\_ (emergency contact)

Email: \_\_\_\_\_

Allergies, injuries, medical conditions: \_\_\_\_\_

\_\_\_\_\_

Dance Package Registering For: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Medical Form

As a parent of an enrolled dancer, I understand the risks of possible injury, damage or loss resulting from participating in the program. I do hereby fully release and discharge K Studio and its employees from any and all claims from injuries, damages, and loss which may occur to me or my children as a result of our participation in the programs. I have read and understand this statement.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date