K Studio SUMMER 2013 Registration

Dancer Information

Dancer's Name:		· · · · · · · · · · · · · · · · · · ·
Date of Birth:	Current Age:	Current Grade:
Address:		
City:	State:	Zip Code:
Mother's Name:		
Father's Name:		
Phone #:	(home)	
	(mom cell)	(dad cell)
	(mom work)	(dad work)
Parent Email:		
Class Information Class or Camp	Day	Time Cost
1.		
2.		
3.		
4.		
5		
6.		
Payment Information		
Total \$ Disco	unt \$ = New Total \$	
Payment Amount \$	Check #/Cash Receipt #	Date

How did you hear about K Studio?

Parental Emergency Medical Notification					
As a parent of an enrolled dancer, I understand th there is risk of injury from participating in the act illness, I understand that K Studio will first attempt Studio is unable to reach a parent/guardian, K Stud Contact Person I have nominated.	ivity of dance. In th to contact a parent/	e event of an injury or guardian; however, if K			
Parent's Signature		Date			
Emergency Contact Person					
Name	Relationship				
Phone #'s: (home);	(cell);	(work)			
Photo Release					
I hereby give K Studio permission to use my dancer printed material and online website displays. I und information will not be published with the photos a	lerstand that my dan				
Parent's Signature		Date			