## K Studio SUMMER 2014 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:			
Allergies, injuries, medical co	onditions:		
Class Information			
Class or Camp	Day	Time	Cost
1.			<u>-</u>
2.			<u>-</u>
3.			<u>-</u>
4.			
5			
6.			
Payment Information			
Total \$ Discoul	nt \$ = 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 the there is risk of injury from participating in the actillness, I understand that K Studio will first attempt Studio is unable to reach a parent/guardian, K Studio Contact Person I have nominated.	tivity of dance. In the	e event of an injury or guardian; however, if K			
Parent's Signature		Date			
Emergency Cont	act Person				
Name	Relationship				
Phone #'s: (home);	(cell);	(work)			
Photo Rele	ease				
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 I und information will not be published with the photos a	derstand that my dand				
Parent's Signature		Date			