TAMALYN'S DANCE CENTRE

Registration Form

Student's Name:										
Mother's Name:										
Father's Name:										
Name and address to whom mailings are to be sent: New? □										
Name:										
Street Address:										
City, State, Zip Code:										
Mother's Work #:	Mother's Cell #:									
Emergency #:	Father's Cell #:									
Email address (print):		1		1 1		1 1		T 1		
Class Name Day Time			e Class Name Day							Time
I do hereby release Tamalyn's Dance Centre; the owners liability in connection with said instructional education clas physical activities, mainly dance education and exercise of for me to participate. Given the nature of any physical ed necessary steps to obtain health or hospitalization insurar	sses. I waiv classes. My lucation clas	ver ar y phys sses,	nd declare t sician is aw and with th	further the are of now ne know	hat I am / n ny participa ledge that i	ny child ation in t injuries :	is in goo	d healt sses a	th and can pand and has given	articipate in permission
Signature						Da	ite	/	/	
Student's Date of Birth / /										
I do hereby give Tamalyn's Dance Centre permission to u purpose of advertising, social and print media.	se images	of my	yself/ my ch	ild as re	presentati	ves of T	amalyn's	Dance	e Centre for	the express
Signature						D	ate	/	/	
0#22										
Office use	Dance W	'ear		Total Pd.				Ck/Rcpt		
L/C BS P/S JS HH										
TIGHTS (Color) (Size) L										