

JOANNE BROWN DANCERS SUMMER 2008 REGISTRATION FORM

Fill out the registration form, send with a check payable to "Joanne Brown Dancers". Credit cards are also accepted. EFT will be used if classes are not paid in full before classes begin.

Name _____ Birthdate _____
Name _____ Birthdate _____
Address _____
City _____ State _____ Zip _____
Home Phone# _____
Work Phone # _____
Cell# _____
Parents Name _____
email address _____

Class # _____ Class # _____ Class # _____
Class # _____ Class # _____ Class # _____
Total _____

Mastercard or Visa Card# _____

Signature _____
Expiration Date _____ CVV Code _____

In consideration of the Joanne Brown Dancers permitting my child(ren) to participate in dance classes and all related activities including transportation. I hereby for myself, heirs, administrators and assigns waive and release any and all rights and claims of any nature. I may have again the Joanne Brown Dancers and any organizations connected with injuries or damages of any nature which myself or my child may suffer while taking part in any activities connected with the studio.

I hereby represent that the above child(ren) is of sound health and physically able to participate in studio activities. I further do ___ do not ___ authorize the above named child(ren) to receive emergency medial treatment in case of injury.

I have read the Joanne Brown Dancers Policies and understand that failure to comply with those policies will result in the immediate termination of the dancer's participation in all studio activities.

Parent
signature _____ Date _____