

# Miss Pat's School of Dance

## Student Information

Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address / city / zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Name of Person responsible for paying fees: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Class Information

Day and Time Preferred (i.e. Thursday A.M.): \_\_\_\_\_

Subjects Taking:  Ballet  Gymnastics  Tap  Jazz  Hip Hop

(Please return this form within one week to guarantee your child's spot.)

## Legal Release, Policy Acceptance and Waiver of Liability (please initial)

\_\_\_\_\_ I/we understand my billing obligations and payment policies.

\_\_\_\_\_ I/we give media use permission and understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

\_\_\_\_\_ I/we have read the Miss Pat's School of Dance studio handbook.

\_\_\_\_\_ I hereby release, indemnify and hold harmless Pat's School of Dance its owners, advisors and all employees and agents of these parties from all liabilities, suits, claims and/or demands of any kind or nature, legal, financial, whether caused in any way by the negligence or not arising from the participation in or observation of any Miss Pat's School off Dance activity for injuries to any person or property, whether on or off the premises. The student/participant named above does voluntarily participate in any Miss Pat's School of Dance activities and the student/participant and I understand that certain risks are inherent to and from participation and involvement with Miss Pats School of Dance and its various formal and informal activities.

## Registration Fee

There is a \$35 non-refundable registration fee per family.

\*Students will not be added to class rosters until the registration fee has been paid.

Check (Check number: \_\_\_\_\_)  Cash  Venmo  CashApp (Office use)

Received by: \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

Please return this form to the studio or mail to 1130 Hayne Road, Memphis, TN 38119.