

Miss Pat's School of Dance Summer Gymnastics

Student Information

Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address /City/Zip _____

Primary Phone: _____ Secondary: _____

Name of Parent/Guardian: _____

E-mail: _____

Emergency Contact Name: _____ Phone: _____

Class Information

June 14th-30th Tuesdays and Thursdays (6 classes total).

Ages 3-5 5:30-6:00pm

Ages 6 and up 6:00-6:30pm

Cost: \$80

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

_____ 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 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 of 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 \$10 non-refundable registration fee per family.

*Students will not be added to class rosters until the registration fee has been paid. Summer tuition is due with registration fee when form is turned in.

Signature of Responsible Party

_____ Date _____

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

(OFFICE USE) Check (Check number: _____) Cash Venmo Cashapp