

Barbara Sheppard Dance Studio
REGISTRATION/RELEASE FORM
2011/2012

Anyone bringing a new student registering for classes will receive free registration, and for each additional student will be given a \$25.00 credit on their monthly tuition.

Child's Last Name	First Name	Age & Birth Date	Parent Names
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Home Phone	Contact Phone (cell)	E-Mail Address
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Street

City	State	Zip
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Class	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE SIGN REGISTRATION AND / RELEASE FORM. MAIL BACK WITH REGISTRATION FEE OF \$25 (\$40 per family) and TUITION. CHECKS MADE PAYABLE TO:
Barbara Sheppard
P.O. BOX 136
CLIFTON,VIRGINIA 20124

I recognize the risks of accident or injury in any exercise, dance, or gymnastics program. I waive release and hold harmless, Barbara Sheppard's Academy of Dance from any liability for injury, damage, liability, of claims arising from my child's participation in this program. My child is in good physical condition and there is no physical or other reason why my child cannot participate in this program.

PARENT/GUARDIAN SIGNATURE **DATE**