

AFTER SCHOOL PROGRAM REGISTRATION FORM (AUG -JUNE 2011-2012)

PARTICIPANT INFORMATION				
PARTICIPANT'S NAME		DATE OF BIRTH	DATE OF REGISTRATION	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		E-MAIL ADDRESS	
SCHOOL	GRADE	(STAFF ONLY) DATE FORM RECEIVED		
PARENT/GUARDIAN INFORMATION				
MOTHER'S FULL NAME		HOME PHONE	CELL PHONE	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
PLACE OF EMPLOYMENT	EMPLOYMENT ADDRESS		WORK PHONE	
E-MAIL ADDRESS		CIRCLE ONE: MARRIED DIVORCED SINGLE GUARDIAN		
FATHER'S FULL NAME		HOME PHONE	CELL PHONE	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
PLACE OF EMPLOYMENT	EMPLOYMENT ADDRESS		WORK PHONE	
E-MAIL ADDRESS		CIRCLE ONE: MARRIED DIVORCED SINGLE GUARDIAN		
IF PARENT/GUARDIAN CANNOT BE REACHED PLEASE CONTACT:		PHONE NUMBER	RELATIONSHIP TO PARTICIPANT:	
INSURANCE INFORMATION				
INSURANCE CARRIER		GROUP #	POLICY #	
INSURANCE PHONE NUMBER	INSURANCE COMPANY ADDRESS			
WHO CARRIES INSURANCE ON PARTICIPANT:		IN CASE OF EMERGENCY, WHICH HOSPITAL WOULD YOU PREFER:		
PLEASE LIST ANY ALLERGIES, PHYSICAL CONDITION, DEFECTS, OR MEDICAL CONDITIONS THAT WOULD LIMIT PARTICIPANT FROM PARTICIPATING:				
MEDICAL/WAIVER/RELEASE OF RESPONSIBILITY				
<p>I ACKNOWLEDGE, UNDERSTAND, AND ASSUME ALL RISKS INVOLVED IN ANY ACTIVITIES ON THE PREMISES OF STUDIO 5678, LLC, OR REALCAP ASSOC. AT SOUTHPORT PLAZA, INCLUDING BUT NOT LIMITED TO DANCE/CHEERLEADING/TUMBLING. I FURTHER AGREE TO HOLD HARMLESS STUDIO 5678, LLC, THE OWNERS (JULIE ASPESLET-POZAR & MICHAEL POZAR) OR STAFF TEACHERS, FROM ANY AND ALL CLAIMS, SUITS, LOSSES, OR DAMAGES OF ANY NATURE WHAT SO EVER, INCLUDING BUT NOT LIMITED TO, SUCH CLAIMS THAT MAY RESULT FROM MY CHILD'S INJURY OR DEATH, WHETHER IT BE ACCIDENTAL AS A RESULT OF NEGLIGENCE OR OTHERWISE, DURING OR ARISING IN ANY WAY FROM THE AFTER SCHOOL PROGRAMS DANCE/CHEERLEADING/TUMBLING PROGRAMS. I HEREBY GRANT PERMISSION TO LICENCED HOSPITAL AND/OR STAFF MEMBERS TO ADMINISTER IMMEDIATE MEDICAL TREATMENT AS DEEMED NECESSARY TO MY CHILD SHOULD HE/SHE BE INJURED DURING ANY EVENT HE/SHE LEFT IN THE CARE OF STUDIO 5678, LLC STAFF. FURTHER, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF EXPENSES INCURRED RELATING TO MY CHILD'S MEDICAL TREATMENT</p>				
PARENT/GUARDIAN SIGNATURE			DATE	

CLASS ENROLLMENT
ON BACK OF PAGE
(BACK PAGE FILLED OUT BY STAFF ONLY)

