

Kim's Performing Arts Centre
Registration Form

Date: _____

Billing Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ DL#: _____

Email Address: _____

Mother's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell #: _____

Father's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell #: _____

Emergency Contact: _____ Phone: _____

Student Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Sex: _____ School: _____

Previous Injuries or Disabilities: _____

Dr. Name: _____ Phone: _____

Medical Release:

I hereby grant the Kim's Performing Arts Centre staff the right to render judgment concerning medical assistance for my child _____ in the event on an accident or illness during my absence.

Parent or Legal Guardian Signature Date

Release

I/We the undersigned parents or legal guardians of a Kim's Performing Arts Centre student, for and in consideration of the enrollment of my child or a student for which I have been granted legal custody, hereby voluntarily and knowingly execute this release with the express intention of releasing Kim's Performing Arts Centre, it's owners, employees, and agents from liability for all injury or physical harm which may arise from or be sustained as result of the participation of my child and/or legal ward in various programs or instruction, practice, and physical activity associated with the study of dance and related activities conducted by Kim's Performing Arts Centre regardless of fault or negligence. I/We hereby agree to indemnify and hold harmless Kim's Performing Arts Centre, its owners, employee or agents for any injury or physical harm which may arise from or be sustained as a result or its participators, regardless of fault or negligence. I/We also grant permission for my child's or a student for which I have been granted legal custody's image (photo/video) and/or name may be used for advertising and promotional purposes.

Executed this _____ Day of _____ 20_____

Parent or Legal Guardian Signature

I have read and understand the Rules and Regulations.

Parent or Legal Guardian Signature