



**How did you hear about us?**

Returning Student \_\_\_\_\_  
 A friend \_\_\_\_\_ Whom shall we thank? \_\_\_\_\_  
 Other \_\_\_\_\_

**FALL 2009-2010 DANCE & TUMBLING REGISTRATION**

LAST NAME : \_\_\_\_\_ HOME PH #: \_\_\_\_\_  
 FATHER'S FIRST NAME: \_\_\_\_\_ MOTHER'S FIRST NAME: \_\_\_\_\_  
 FATHER'S WORK #: \_\_\_\_\_ MOTHER'S WORK #: \_\_\_\_\_  
 FATHER'S CELL #: \_\_\_\_\_ MOTHER'S CELL #: \_\_\_\_\_  
 FATHER'S e-mail: \_\_\_\_\_ MOTHER'S e-mail: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

PARTICANT NAME	B-DATE	CLASS NAME	DAY	TIME	FEE
1.					
2.					
3.					
4.					
5.					
6.					
Sub-Total:					
Multiple Class discount (10%, 20% or Flat Fee)					
Yearly Registration Fee (\$22/student + \$12 each additional family member):					
<b>TOTAL AMOUNT ENCLOSED FOR FIRST MONTH:</b>					
<b>AMOUNT TO BE CHARGED TO MY CREDIT CARD EACH MONTH:</b>					

**RELEASE AND HOLD HARMLESS AGREEMENT**

Please read this form carefully and be aware that in signing up and participating in class(es), you will be waiving and releasing all claims for injuries you might sustain arising out of the class(es). As a participant in the class, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which I may sustain as a result of participating in any and all activities with or associated with such classes. I agree to waive and relinquish all claims I may have as a result of participating in the class(es) against AMA Dancers & Co. and its officers, agent, servants and employees. I do hereby release and discharge AMA Dancers & Co. and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the class(es). I further agree to indemnify and hold harmless and defend AMA Dancers & Co. and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the class(es).

I have read and fully understand the above Class Details and Waiver and Release of All Claims. Waiver must be signed by participant(s) or their legal guardian. Facsimile signatures will be considered as original by AMA Dancers & Co.

I authorize AMA Dancers to use any photo or likeness of my child (me) for advertisement purposes such as brochures, the AMA website or mailings. The student's name will NEVER be used in conjunction with the photo.

I have read & understand the "Policies & Procedures" dated 4/01/09 on the reverse side of this form & agree to comply with all the information and policies.

I fully understand that this program runs through June, 2010. If my child/I must withdraw from lessons for any reason, I must give AMA Dancers & Co. a 4-week written notice in person by visiting the AMA front office and signing the bottom of this form. There are no exceptions to this policy.

Signature (parent or guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**I am withdrawing from classes.**

Signature (parent or guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_