

(1 form per dancer)

Circle One

<p>New Student</p> <p>Returning Student</p>
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FABULOUS ATHLETICS  
Class Registration form

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
 StreetAddress \_\_\_\_\_ City \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact/ Emergency Information

Parent or Guardian \_\_\_\_\_ Daytime  
 Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Email Address \_\_\_\_\_

<p>Person responsible for payment (if not same as above) _____</p> <p>Address: _____ Phone _____        #: _____</p>
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Emergency Contact (other than parent/guardian) \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does student have an IEP or need assistance to participate due to a disability? NO \_\_\_ YES \_\_\_

If yes, please explain: \_\_\_\_\_

Describe any other medical condition you feel we should be aware of (diet restrictions, asthma, etc.) \_\_\_\_\_

Dance History

New students - How did you hear about us?  
 \_\_\_\_\_

Is this the student's first year of dance? \_\_\_\_\_

Years of dance training completed \_\_\_\_\_ Former dance school(s) \_\_\_\_\_

PHOTOGRAPHIC RELEASE

I agree that my child's picture or likeness can be represented and published in any (Fabulous Feet/Fabulous Athletics) publication or media.

I \_\_\_\_\_ have enrolled \_\_\_\_\_ in a program of strenuous physical activity,

Parent name

Student name

Offered by Fabulous Athletics. I hereby affirm that I am or the above person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this dance program. In consideration of myself, my heirs and assigns, hereby release Fabulous Athletics, the director Megan Dowd and/or her business partners, their families, and their employees from any claims, demands, and causes of action arising from my or the above named person's participation in any of the above stated programs, and I hereby release Fabulous Athletics, the director Megan Dowd and/or her business partners, their families, and their employees, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during or after participation in any other of the above stated programs offered at Fabulous Athletics or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by Fabulous Athletics, the director Megan Dowd and/or her business partners, their families, and their employees for any reason. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

I am enrolling \_\_\_\_\_ for the Fabulous Athletics Program.

Student name

I understand that tuition is based on a 12 week tuition of approximately 3 months broken down into 3 installments, or paid in full. There are no refunds given for any reason after students first 30 days of enrollment or without notice of cancelation within the first 30 days. I understand that if my child withdraws from the program after their first 30 days, that all fees and deposits are 100% nonrefundable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, the parent/adult is assuming any and all responsibility for the student, including financial obligations. The parent/adult signing below has also received a copy of the studio policies, and has read and understands all policies.

CLASS REGISTRATION

Please list classes enrolling in for \_\_\_\_\_ to \_\_\_\_\_

Class 1: \_\_\_\_\_ Class 2: \_\_\_\_\_ Class 3: \_\_\_\_\_

Class 4: \_\_\_\_\_ Class 5: \_\_\_\_\_

\* There is a \$35.00 nonrefundable yearly registration fee per family due with this form. Enrollment will not be completed until registration fee is received. Thank you for registering with Fabulous Athletics We hope you have a wonderful year!

Mail or Deliver forms to: 80 Eagle Rock Way (Suite D) Brentwood, CA 94513

Checks Payable to Fabulous Athletics

Office Use Only: Registration fee paid \_\_\_\_\_ Payment method \_\_\_\_\_ Check # \_\_\_\_\_ Collected by \_\_\_\_\_