

WARWICK DANCE AND GYMNASTICS ACADEMY ENROLLEMENT FORM

STUDENT NAME _____ AGE _____ Date of Birth _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

PARENT/GUARDIAN NAME(S) _____

CLASS REGISTERING FOR (underline one) **DANCE** **GYMNASTICS** **COMBINATION**

PLEASE CIRCLE CLASS DAY: **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** TIME OF CLASS _____

Registration fee: \$25.00/Family 35.00/ Single Dec-Feb 18.00/family Dec-Feb 25.00/single March-May 8.00/family March-May 14.00

PLEASE READ AND SIGN THE FOLLOWING RELEASE FORM:

I certify that my child _____ has had a physical exam in the past year, and is in good physical health. It is my responsibility to provide adequate health insurance and pay any addition fees not covered by my health insurance. Any activity involving motion or height creates the possibility of serious injury. Being fully aware of these risks, I hereby give consent for the aforementioned person to participate in any and all activities of and at the facility of Warwick Dance and Gymnastics Academy, Inc. In consideration for allowing my child to in and utilize facilities of Warwick Dance and Gymnastics Academy, Inc. I, on my own behalf and on behalf of my child and our respective heirs, future guardians or administrators, executors and successors, hereby covenant not to sue and forever release Warwick Dance and Gymnastics Academy, Inc, it's officers, shareholders, employees and agents, whether paid or volunteer, from any and all liability for any losses, damages or injuries occurring as result of my child's participation in gymnastics/tumbling, dance classes, drop off/pick-up lane, parent/relative participation and events. While under the instruction, supervision or control of Warwick Dance and Gymnastics Academy, Inc., except where such losses or damage is the result of the intentional or reckless conduct of Warwick Dance and Gymnastics Academy, Inc. Also, I agree Warwick Dance and Gymnastics Academy may approve transport in case of any emergency. I have read and fully understand and accept each of the above conditions. I further agree, for myself and child, to be bound by the rules, regulations and policies, including tuition policies, as set forth by Warwick Dance and Gymnastics Academy.

ARE THERE ANY HEALTH ISSUES WE SHOULD BE AWARE OF? _____

PRINTED NAME OF PARENT OR GUARDIAN: _____

RELATION TO STUDENT: _____

SIGNATURE _____ **DATE** _____ **CASH** **CREDIT** **CHECK #** _____

