



2009-2010 Season

Registration Date: _____

Registration Fee- \$25 /Family \$50

(Student) Last Name First Name Age Date of Birth

Classes Enrolling In: _____

Name of School Attending: _____ Grade: _____

Parents Names: _____

Home Address: _____

City, State, Zip: _____ Contact Number: _____

Email Address (parent) _____

Email Address (student) _____

Medical Information/Physical Handicaps (specify any injuries, handicaps and weakness):

Preferred Personal or Family Physician

Name Number

Emergency Contact

Name Relationship Number

I (we) the undersigned student, parent/legal guardian of a student of Leap of Faith for and in consideration of my enrollment or the enrollment of my child hereby voluntarily and knowingly execute this release with the expressed intention of effecting the extinguishments of and complete release from any and all claims, actions, demands or right to monetary judgment from any and all injury or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward in the various programs of instructions, practice and physical activity associated with the study of dance and related activities conducted by Leap of Faith.

Executed this _____ day of _____ 2009

Student or Parent/Legal Guardian

Form of Payment : Check (enclosed) Credit Card (Am Ex, Visa, MC, Discover) please call 228-1533 to pay by phone