



STEPHANIE'S ENTERPRISES, INC.
STEPHANIE'S DANCERS
Participation Registration form

STUDENT	DATE OF BIRTH	AGE
SCHOOL	GRADE	
STUDENT	DATE OF BIRTH	AGE
SCHOOL	GRADE	
STUDENT	DATE OF BIRTH	AGE
SCHOOL	GRADE	
PARENTS	PHONE	
ADDRESS	ZIP	
CELL PHONE: FATHER	MOTHER	
FATHER'S EMPLOYER	PHONE	
MOTHER'S EMPLOYER	PHONE	
EMERGENCY CONTACT:	PHONE	
DOCTOR	PHONE	

List any physical or mental conditions or diseases (Epilepsy, heart murmur, etc) which your child has or any special medical information

We, the parents of the above child, hereby give my/our approval for her/his participation in activities during the current session. We understand that all reasonable care will be taken of my child (ren), and we assume all risks and hazards incidental to the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify, and hold harmless Stephanie's Enterprises, Inc., the owner, the instructors, any or all of them. In case of injury to my child, I/We hereby waive all claims against the corporation, owner, instructors and employees. I/We release from responsibility any person transporting my child to the doctor, or hospital in case of injury.

We agree to pay a family registration fee at the time this form is presented. We understand that all fees are nonrefundable and classes may be changed, cancelled, combined, or rescheduled as required. In the event the student registered above decides to discontinue classes, I will inform Stephanie's Dancers by phone or mail and I understand I will not receive any refunds. I/We have read the dance contract and agree to abide by it throughout the year.

Parent's Signature

Date