

APAC REGISTRATION FORM 2006-2007



DANCERS NAME _____

ADDRESS _____

ZIP CODE _____

HOME PHONE _____ PARENTS CELL _____

EMAIL ADDRESS _____

AGE _____ D.O.B. _____ GRADE _____

NEW STUDENT OR FORMER STUDENT? _____

YEARS OF STUDY AT APAC _____

PARENTS LAST NAME (IF DIFFERENT THAN STUDENT) _____

CLASS SCHEDULE			
DAY	TIME	STUDIO	SUBJECT

TOTAL WEEKLY CLASSES _____

SIBLINGS AND # OF CLASSES _____

MONTHLY FAMILY PAYMENT _____

REGISTRATION FEE _____

TOTAL PAYMENT _____ CK OR CC _____

In consideration of the benefits derived from APAC, [I/We] do hereby agree to indemnify and hold harmless, release and discharge Abbott's Performing Arts Center and staff from any and all claims for personal injuries or property loss or damage occurring to or sustained by [My/Our] child while participating in activities in or with APAC and Staff. I HAVE READ AND AGREE TO ABIDE BY ALL TERMS AND CONDITIONS CONTAINED WITHIN THIS RELEASE STATEMENT.

PARENTS/GUARDIAN SIGNATURE _____