



EXPRESS SUMMER ACRO-TUMBLE CLASSES

Registration Form 2021

Student Name: _____ **D.O.B.** _____ **Age** _____

Home Address: _____

City: _____ **ZIP Code:** _____ **Home Phone #** _____

Medical Conditions /Allergies _____

PARENT(S) / GUARDIAN(S) RESIDING WITH CHILD/CHILDREN:

Name: _____ **Relationship to Child:** _____

Cell Phone: (_____) _____ E-Mail (REQUIRED): _____

EMERGENCY CONTACT: (if parent/guardian cannot be reached):

Name: _____ **Relationship to Child:** _____

Phone: (_____) _____ Cell Phone: (_____) _____

6 WEEK SESSION:

45 MINUTE CLASSES - FRIDAYS - JULY 9- AUGUST 13

6 WEEK SESSION FOR \$65.00 – CHECK OFF APPROPRIATE CLASS FOR YOUR CHILD

1.GRADES PRE K- GRADE 1

4:00PM-4:45PM _____

2.GRADES 3-5

4:45PM- 5:30PM _____

3. GRADES 5-12

5:30PM -6:15PM _____

_____**WAIVER OF LIABILITY & INJURY:** As the legal parent or guardian, I release and hold harmless EXPRESS Dance and Acrobatics LLC, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of EXPRESS Dance and Acrobatics LLC, its owners and operators or in route to or from any of said premises. This will apply to my child and/or any child that may accompany me in an enrolled or non-enrolled capacity. I understand and agree to the terms of this Waiver Agreement.

Date Signed _____ Parent/Guardian of minor student

OFFICE USE: # of classes: _____ **Date:** _____ **Amount paid:** _____