



2019 SUMMER CHEER/TUMBLE

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: (____) _____

JULY/AUGUST 6 WEEK SESSION: THURSDAYS- 7/18, 25, 8/1, 8, 15, 22- 5:30-6:30pm

TUITION FEE: \$65- GET 6TH WEEK FREE! / FAMILY DISCOUNT RATE: SIBLING 20% OFF, 3RD CHILD FREE!

___ AGES 3-6 YEARS

___ AGES 7-11 YEARS

___ AGES 12 YEARS & UP

___ **WAIVER OF LIABILITY & INJURY:** As the legal parent or guardian, I release and hold harmless EXPRESS Dance and Acrobatics, 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, 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.

Parent/Guardian of minor student

Date Signed

OFFICE USE: _____ **Date:** _____ **Amount paid:** _____