

A.C.T. CLASS REGISTRATION FORM - 2013/14

Class Day _____ Class Time (1st child) _____ 2nd Child _____

1st Child's Name (last) _____ (first) _____

Age as of August 1st _____ Birth date _____ School _____

2nd Child's Name (last) _____ (first) _____

Age as of August 1st _____ Birth date _____ School _____

Parent's Name _____ E-mail address _____

Mailing Address _____ City _____

State _____ Zip _____ Home phone _____ Work Phone _____

Cell Phone _____ Emergency Contact Name _____

Emergency Phone Number if we can't contact parent _____

Physician's Name _____ Physician's phone _____

Insurance Carrier _____ Policy Number _____

Authorization and Release

Please initial:

_____ I understand that classes run Sept.-May.

_____ I understand that monthly tuition is \$55 and is due the first lesson of each month whether my child is present in class or not. Registration fee is \$30 per child and must be paid one time per school year.

_____ I understand that I must pay a \$5.00 late fee for tuition not received on or before the first lesson of each month.

_____ I understand that I must give a 2 weeks notice if I decide to drop the class or I am responsible for the next month's tuition.

_____ I understand that a \$20 fee will be assessed for all returned checks.

_____ I understand that tuition will not be adjusted for short, long or missed classes. Classes may be made up within 2 weeks of the missed class.

_____ I authorize Pam Boggs to use camp or class photos of my child for brochure or website advertising.

_____ I am fully aware that any activity involving motion or height such as those involved in cheerleading/tumbling creates the possibility of serious injury and I further agree to hold Pam Boggs, Instruction Marketing Services Inc., (dba Action Cheer and Tumble), and her staff harmless for any injury or any resulting expense. I release and discharge any and all claims against Pam Boggs, Instruction Marketing Services, Inc. (dba A.C.T.), and all affiliated parties.

_____ I authorize Pam Boggs or her staff to seek medical treatment for my child when I cannot be reached.

Allergies or conditions or concern _____

Parent's signature _____ Date _____

Make \$85 check payable to A.C.T.