A.C.T. 2019/20 REGISTRATION FORM- ST. JOSEPH'S

Class Day_____ Class Time_____

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. Registration fee is $30 per child and must be paid one time per school year.

_____I understand that I must pay a $5.00 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 accessed 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 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_____