## A.C.T. 2018/2019 REGISTRATION FORM- FLORENCE

Class Day		Class Time			
1 <sup>st</sup> Child's Name (last)	(first)				
Age as of August 1 <sup>st</sup>	Birth date	School	l		
2 <sup>nd</sup> Child's Name (last)	(first)				
Age as of August 1st	Birth date_	Scho	ol		
Parent's Name	E-mail address				
Mailing Address	ing Address City				
State Zip		Home phone	Work Phone		
Cell Phone Emergency Contact Name					
Emergency Phone Number if we	e can't contact	parent			
Physician's Name	Physician's phone				
Insurance carrier	Policy Number				
Authorization and Release					
Please initial:					
I understand that classes run S	eptMay				

\_\_\_\_\_ I understand that monthly tuition is \$65 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 pad 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