



## Registration Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are there any medical conditions or any drug allergies that we should know about?

Please list: \_\_\_\_\_

\_\_\_\_\_

### Classes

Drop In: \_\_\_\_\_ Punch Card: \_\_\_\_\_ Tuition: \_\_\_\_\_

Instructor/Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### \*\*\*\*\*PLEASE READ CAREFULLY:\*\*\*\*\*

I understand that Streetside South (SSS) is not responsible for accidents or injury that may occur on Streetside South premises, at any rehearsals or performances, at theaters or at any public schools, libraries, recreation centers, hospitals or any location that Streetside South may perform. My child is medically insured and I take full financial responsibility for all medical expenses incurred at Streetside South. In case of a medical emergency, I authorize Streetside South staff to take me or my child to the hospital to be treated in the best judgment of the hospital staff. I understand that photos may be taken of students during a SSS event and I give permission for the above student's likeness to be used in SSS materials.

**TUITIONS:** I understand that full monthly tuition is due to Streetside South by the 7<sup>th</sup> of each month with a \$15 late fee automatically applied and due immediately if not received on time. Rates for monthly tuition are the same for each calendar month regardless of holidays – set off by charging monthly rather than in a 4 week period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You!

Streetside South Faculty