Barbara & Tammy's School of Dance 5410 Glen Ridge San Antonio, Texas 78229 (210) 681-8592 bartam54@yahoo.com

Signature of Parents or Guardian



For Office	<u> Use Only</u>
Student #	
Family #	
Class Day	
Class #	

(Please Print) Student's Name			Dance Experience	
Date of Birth//	Age	Grade _		
Address	City		Zip Code	
Home Phone	E-Mail Addre	ss		
Parent's Name			Cell Phone	
Place of Employment			Work Phone	
Parent's Name			Cell Phone	
Place of Employment			Work Phone	
E-Mail (Alternate)				
I give permission to the dance stud	lio to use any pictures/	media of my ch	ild for promotional use. YES	S / NO
Earliest time and day that you are	available for any pra	actices held at t	he studio?	
Person to contact in case of eme	rgency other than par	ents:		
NAME:	RELATIONSHI	P:	PHONE:	
Please print your child's name as	you would like it to a	ppear in our re	cital program:	
First	La	st		
In consideration of the benefits derived find harmless, release and discharge the space as the space of the s	consoring organization of ses from any and all claimanticipating in said dance and including any and all co	said Barbara & ⁻ ms for personal in activity or while in t	Fammy's School of Dance of S njuries or property damage occ the act of being transported to ar	an Antonio curring to or nd from said
Please state any medical condition	on the student has the	at the studio sh	ould be made aware of:	

If you have any question, please call the studio @ 681-8592

Date of Signature