

2018-19 KDGC STUDENT INFORMATION

STUDENT'S NAME _____

STUDENT CELL PHONE NUMBER _____ STUDENT EMAIL _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

SCHOOL _____ GRADE _____ AGE _____ BIRTHDATE _____

MOTHER'S NAME _____ FATHER'S NAME _____

EMAIL _____ EMAIL _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

MEDICAL INFORMATION

Doctor's Name _____ Phone _____

I/We hereby give my/our authorization to contact the above mentioned doctor when medical attention is needed and a reasonable but unsuccessful effort has been made to contact me/us.

Parent's Signature _____ Date _____

Is there any medical or physical problem that the instructor should be aware of? _____

Does the student have any allergies? _____

Emergency Contact - Name _____ Phone Number _____

Does the student wear glasses or contact lenses? _____

KDGC WAIVER FORM

I/we hereby make application for classes at Kathi's Dance & Gym Center, and upon acceptance I/we sincerely pledge to obey all rules and regulations which are set up for the purpose of keeping order and for the protection of pupils from injury. I/we recognize that a risk is involved in such studies that requires my/our adherence to these rules and instructors' discipline.

In consideration of accepting my/our entry into Kathi's Dance & Gym Center, I/we hereby release Kathi's Dance & Gym Center, their Officers, Instructors, Employees, Agents, members and authorized guests from all responsibilities and all claims for injuries that I/we may receive while practicing gymnastics, dance and its related activities, including during transportation.

In consideration of the acceptance of the above-named applicant(s) into Kathi's Dance & Gym Center, and also recognizing that there is a risk involved in practicing gymnastics, dance and its related activities, I/we the undersigned parent or guardian, hereby agree to save and indemnify and keep harmless Kathi's Dance & Gym Center, their Officers, Agents, Employees, Instructors, members and authorized guests against all liability, claims judgments or demands for damages arising from accidents or injuries or for any aggravation of a pre-existing condition or for any injury resulting from that condition.

In addition, I/We understand the following:

1. This waiver must be signed and kept on file in order for my child to participate at Kathi's Dance & Gym Center.
2. After the 15th of each month, a 10% late fee will be added to my tuition account and my next payment will include this fee.
3. In the event that monthly tuition is not paid by the first of the following month, my child will be suspended from class.
4. There is no credit given for missed classes. Students who are excessively absent can't slow the class down.
5. Parental visitation is only on the last class of the month.
6. Withdrawals must take place during the last week of any 4 week session. If my child attends the first class of any 4 week session, my account will be billed for the entire session.

I/We acknowledge that I/We have read and understand this agreement. For value and/or consideration received this date, I/We attest to the agreement without duress.

Parent/Guardian Signature _____ Date _____