

# THE STUDIO

## FOR THE PERFORMING ARTS

### REGISTRATION FORM

2023-24

3963 ARNOLD WAY FALLON, NV 89406

jeklhorne@gmail.com

**PLEASE COMPLETE AND RETURN TO THE STUDIO  
WITH \$20 INDIVIDUAL OR \$25 FAMILY ANNUAL  
REGISTRATION/INSURANCE FEE  
(THIS ONLY NEEDS TO BE FILLED OUT ONCE A YEAR)**

LAST NAME: \_\_\_\_\_ AGE \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ CLASS(ES): \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

PARENT/GUARDIAN (IF APPLICABLE)

RELATIONSHIP: \_\_\_\_\_  
HM PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
WK PHONE: \_\_\_\_\_ eMAIL: \_\_\_\_\_  
IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_

WHAT IS YOUR PREFERRED WAY TO CONTACT YOU? \_\_\_\_\_

### RELEASE FORM

I HEREBY AUTHORIZE JEFREY E. & KAREN L. HORNE OF THE STUDIO FOR THE PERFORMING ARTS, THEIR AGENTS, AND/OR EMPLOYEES TO OBTAIN TREATMENT FOR MY CHILD OR MYSELF FOR ANY INJURY OR ILLNESS SUFFERED WHILE ATTENDING THE STUDIO. I ALSO HEREBY RELEASE JEFREY E. & KAREN L. HORNE, THEIR AGENTS, REPRESENTATIVES, OR EMPLOYEES FROM LIABILITY OF ANY KIND OR NATURE, EXCEPTING ONLY LIABILITY BASED ON GROSS NEGLIGENCE RELATIVE TO ACTIONS OR DECISIONS THAT CONCERN OR AFFECT MY CHILD OR MYSELF.

PREFERRED

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
(IF NEEDED)

AUTHORIZED

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_