

THE STUDIO

FOR THE PERFORMING ARTS

REGISTRATION FORM

2023-24

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**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)**

DANCER'S LAST NAME: _____ **AGE** _____
DANCER'S 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** _____