

PHUNK PHENOMENON DANCE COMPLEX
2009-2010 Family Registration
1760 Revere Beach Parkway, Everett, MA 02149 617-389-9111

Student Information

Child's Name _____ F ___ M ___ Home Phone _____
Street _____ City _____ Zip _____
Birth Date _____ Age _____ Grade in School _____

Dance Class/es _____ Day/Time _____
Dance Class/es _____ Day/Time _____
Dance Class/es _____ Day/Time _____
Dance Class/es _____ Day/Time _____
Dance Class/es _____ Day/Time _____

Shirt size _____ *Pant Size* _____

Billing address if different from above _____
Mother's name _____ Work/Cell number _____
Father's name _____ Work/Cell number _____
E-mail address _____

Medical Information

Family Physician _____ Phone numbers _____
Does Student have any known allergies, medical conditions or limitations? _____

Siblings taking classes 1) _____ 2) _____
3) _____ 4) _____

Please read and sign release.

RELEASE FOR:

I hereby agree that neither the Phunk Phenomenon Dance Complex, nor its agents, employees, officers nor directors shall be liable for any injuries, damages or losses sustained by my child, _____ which are in any way related, whether directly or indirectly, to my child's participation in all classes, workshops, parties, and special events.

Caution: Any activity involving motion, rotation or height may cause accidental injury. I also authorize Phunk Phenomenon to use any photographs or videotape taken o my child for legitimate purposes.

Parent/Guardian Signature _____ **Date** _____

PAYMENT AGREEMENT: All payments are due according to your personal payment plan. I understand that this will be a continuous school program. If I wish to add, change or drop a class, I must notify the office **in writing three weeks prior** to the beginning of the next session. Otherwise, I will continue to be charged for the class. **If a student misses more than 3 unexcused classes in a row they may be asked to leave the class.** I also agree to pay a \$5.00 late fee if for any reason I do not pay according to my personal payment plan. There are NO refunds available once a student has attended a class.

Parent/Guardian Signature _____ **Date** _____

