



FALL 2017 - 2018 REGISTRATION CARD

OFFICE USE ONLY	
Paid Check #	<input type="checkbox"/>
Date	_____

STUDENT LAST NAME _____ FIRST NAME _____

HOME ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN NAMES _____

HOME PHONE # _____ WORK # _____ CELL # _____

STUDENT BIRTHDATE _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ PHONE # _____

CLASS REGISTRATION

CLASS	DAY	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*** OVER ***

EMAIL ENTERED _____

STUDENT NUMBER _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of _____, I hereby consent for Triple Threat Performing Arts to provide first-aid care and to use their judgment in obtaining medical and/or dental care. Furthermore, I grant permission to any hospital, physician or dentist to render emergency care or treatment as may be required to preserve life, limb, or well-being of my dependent. Should an accident occur to my child, I hereby release all responsibility from Triple Threat Performing Arts.

Parent or Guardian Signature _____ Date _____

Other Emergency Contact Name _____ Phone _____

Other Emergency Contact Name _____ Phone _____

Other Emergency Contact Name _____ Phone _____

Other Emergency Contact Name _____ Phone _____

HOW DID YOU HEAR ABOUT US? Please Check - YELLOW PAGES INTERNET/WEBSITE FLYER
 NEWSPAPER RADIO

FAMILY/FRIEND Who? (so we may thank them) _____

Other _____