



Please mark clearly:

Summer Dance Classes \_\_\_\_\_

Mandarin Studio \_\_\_\_\_ 3740 San Jose Place , zip 32257 or Julington Creek \_\_\_\_\_ 106 Julington Plaza Dr. zip 32259

Tumbling Kids JCP \_\_\_\_\_

Fruit Cove \_\_\_\_\_

Julington Creek 106 Julington Plaza Dr. \_\_\_\_\_ or Fruit Cove \_\_\_\_\_ 778 State Rd. 13 zip 32259

Parent 1 \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Emergency# \_\_\_\_\_

Parent 2 \_\_\_\_\_

Home# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Emergency# \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address print clearly \_\_\_\_\_

1. Student's First Name \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

2. Student's First Name \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Any medical problems we should be aware of \_\_\_\_\_

<b>Office use:</b>
Register fee _____
Program fee _____
Paid \$ _____
By Check # _____

Afternoon Classes: unrefundable \$ 35.00

circle one location:

Class name, (see schedule)	Room #	Day (M/T/W/TH)	Time
Mand / JCP /TK: JCP/FrCove	_____	_____	_____
Mand / JCP /TK: JCP/FrCove	_____	_____	_____
Mand / JCP /TK: JCP/FrCove	_____	_____	_____
Mand / JCP /TK: JCP/FrCove	_____	_____	_____

Please Read and Sign:

We, the parents of \_\_\_\_\_, fully understand the risks involved in acrobatics, tumbling, gymnastics, dance, and exercise programs and will not hold Mark Spivak's Institute of Fine Arts, Dance Extension, & Tumbling Kids owners and its faculty responsible for accident or injury jointly and separately, from all personal injury claims arising through or from participation in activities as a student of Mark Spivak's Institute or Dance Extension &/or Tumbling Kids in or upon the promises of the named above studios/schools.

I, \_\_\_\_\_ agree to pay the fee for myself or my child's classes on the first class. If for any reason my check for classes should be returned to Mark Spivak's Institute I agree to pay a \$ 20.00 returned check fee.

I here by certify that I have read, understand and acknowledge the payment agreement and the rules and regulations of Mark Spivak's Institute and Dance Extension.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_