



Please mark clearly:

Summer Dance Classes _____

Mandarin Studio _____ 3740 San Jose Place Julington Creek _____ Fruit Cove _____

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 _____

Afternoon Classes:

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	_____	_____	_____	_____

Office use:

Regist fee _____

Program fee _____

Paid \$ _____

By Check # _____

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 _____