



# REGISTRATION AGREEMENT & MEDICAL RELEASE (2010–2011)



## Student Information

Returning Student  *Year started @ PACE Studio* \_\_\_\_\_ New Student  *How did you hear of us?* \_\_\_\_\_

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Medical Conditions? (severe allergies, asthma, disabilities) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation to Student \_\_\_\_\_ Phone # \_\_\_\_\_

## Account Information

Parent/Guardian Name \_\_\_\_\_ Home # \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian Employer \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father/Guardian Employer \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Person Responsible for Tuition, if other than Account Holder \_\_\_\_\_

Method of preferred communication:  home phone  cell phone  email

## Class Interest *(subject to instructor approval and placement)*

CLASS NAME/LEVEL	DAY	TIME	HOURS PER WEEK
<i>Total Hours</i>			
<i>Monthly Tuition</i>			

## Registration Agreement

I have read and understand all of The P.A.C.E. Studio's Studio Policies and Tuition Information as detailed in the Studio Brochure. I will uphold the terms of this agreement.

## Medical Release

In the event of injury or accident, I hereby authorize my child to receive any emergency medical attention deemed necessary while present at The P.A.C.E. Studio, if parents or emergency contacts cannot be reached by telephone. I also hereby release, indemnify and hold harmless The P.A.C.E. Studio and its staff from all liability or claims.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Mail to: The P.A.C.E. Studio \* 4634 Lori Lane \* Pace, Florida 32571*

OFFICE USE ONLY	
<input type="checkbox"/> Family Account Info Created	<input type="checkbox"/> Student Enrolled
<input type="checkbox"/> Student Info Added	<input type="checkbox"/> Email Group Updated
<input type="checkbox"/> Signed Off _____	<input type="checkbox"/> Registration Fee Paid <i>(circle one)</i>
<input type="checkbox"/> Date _____	<i>Cash          Check # _____</i>