

# Meeks Martial Arts 2008-2009

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ (email used for Taekwondo info only)  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
*(YOUR INFORMATION IS NEVER SHARED WITH ANYONE)*

**PLEASE READ CAREFULLY BEFORE YOU SIGN!**

**Hold Harmless Agreement:** *I agree to hold harmless Meeks Martial Arts and/or The Dance Factory, its owners, instructors, staff, and volunteers in the event of illness, injury, or accidental death to my child, family members, or myself occurring at the studio, on the studio property, or any venues in which we may be performing.*

*I agree to **notify Meeks Martial Arts in writing** if my child does not wish to continue regular classes or participate in the recital.*

*I agree to pay **full tuition for the month** if I fail to notify Meeks Martial Arts of my wish to terminate my child's class(es) before the 10<sup>th</sup> of the month.*

*I agree to pay a **\$5.00 late fee** on tuition not paid by the 10<sup>th</sup> of the month.*

*I understand that rehearsal is **mandatory** for recital performance.*

*I understand that my child is required to stay backstage during the recital while parents and visitors are asked to remain in the audience.*

**Signature of Parent or legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY!**

Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 Tuition: \_\_\_\_\_ Class(es): Day: \_\_\_\_\_ Time: \_\_\_\_\_

Aug/Jun/AAU \_\_\_\_\_ Sept. \_\_\_\_\_ Oct. \_\_\_\_\_ Nov. \_\_\_\_\_

Dec. \_\_\_\_\_ Jan. \_\_\_\_\_ Feb. \_\_\_\_\_

Mar. \_\_\_\_\_ Apr. \_\_\_\_\_ May \_\_\_\_\_