



Workshop/Private/Pay by Class REGISTRATION

Computer _____ Waiver _____

Student First Name	Last Name	Date of Birth	Age	Sex (M/F)
1				
2				
3				
Guardian First /Last Name		Street Address		City/State/Zip
Mom Cell		Dad Cell		Home
Other Emergency: Contact Name		Other Emergency: Contact Phone Number		Allergies/Drugs etc?

IF YOU WOULD LIKE TO BE ENTERED INTO OUR COMPUTER DATABASE FOR EMAIL INVITATIONS TO WORKSHOPS, PLEASE ENTER YOUR ADDRESSES BELOW. IF NOT, LEAVE BLANK.

Email	Email
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Please read and sign the following release waiver:
 I, _____, acknowledge that I am the legal guardian/parent/responsible party for the children on this form and agree to release and discharge Sports & Fine Arts Center, Inc (SFAC), Mrs. Maresa, employees and/or independent contractors from any and all claims, demands or liability of damage, including legal and court costs, arising from the participation of my children in any classes and/or programs sponsored by Sports & Fine Arts Center, Inc. Furthermore, by signing below I acknowledge that I have received and have read the information given to me in the Sports & Fine Arts information packet and agree that my family will abide by the facility etiquette. Payment must be made in advance of attending class for pay by class or workshop.

Parent/Legal Guardian/Responsible Party: _____ Date _____