

SAVELLI DANCE & MARTIAL ARTS 2017-2018 REGISTRATION FORM

NAME OF STUDENT (please print) _____ DOB _____ AGE _____ GRADE 2017-2018 _____ HOME PH # _____

STREET ADDRESS _____ CITY _____ ZIP _____ EMAIL ADDRESS - **REQUIRED** (used for registration confirmation and communication.)
Please give written notification of change in address and/or phone numbers.

MOTHER'S NAME _____ WORK PH # _____ CELL PH # _____ PROFESSION (We like to do business with our clients whenever possible.) _____

FATHER'S NAME _____ WORK PH # _____ CELL PH # _____ PROFESSION _____

EMERGENCY CONTACT - NAME OF PERSON (other than parents) _____ PH # _____ MEDICAL CONDITIONS (such as ADHD) /ALLERGIES _____

CLASSES DESIRED:

1. CLASS _____ DAY & TIME _____ 2. CLASS _____ DAY & TIME _____

3. CLASS _____ DAY & TIME _____ PLEASE CIRCLE PAYMENT PLAN: 8 pymts 4 pymts 2 pymts 1 pymt
 4. CLASS (Please use back of form to register for additional classes.) DAY & TIME _____

SIGNATURE (signature of parent if student is a minor)

By signing this form, you agree to the rules and regulations of Savelli's Dance and Kung Fu Studio. Dance & Kung Fu Studio and/or the owners of the property which lease space to said business will not be held responsible for any injuries occurring during class and/or on the premises. You agree to pay tuition in full, regardless of absences or inability to continue class at the scheduled time. Make-ups are your responsibility. You give permission for photos to be used at our discretion in printed or web materials.

Please include \$20 registration fee per student with payment and mail to: Savelli's, 7516 Tyler Blvd., Mentor, Ohio 44060