



# Registration Form

Student Information			
Last Name	First	Middle	Nickname
Street Address (include cross streets)			Home Phone ( )
City	State	Zip	Gender
Current Grade Level/School Name	Student's Email Address		DOB
Mother/Guardian Name (if under the age of 18 years)	Work Phone ( )	Cell Phone ( )	Email Address
Street Address (include cross streets)			City, State, Zip
Father/Guardian Name (if under the age of 18 years)	Work Phone ( )	Cell Phone ( )	Email Address
Street Address (include cross streets)			City, State, Zip
Does the person listed have any physical limitations/injuries we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please list concerns on reverse.	Please list any allergies:		
Emergency Contact Name			Phone ( )
Physician's Name			Phone ( )
Preferred Hospital/Urgent Care Facility			Insurance Provider's Name
Who may we thank for referring you? _____			
<input type="checkbox"/> web <input type="checkbox"/> social media <input type="checkbox"/> yellow pages <input type="checkbox"/> magazine/publication (name) _____ <input type="checkbox"/> show (location) _____ <input type="checkbox"/> other _____			

Class Information			
Class Name	Day of Week	Time	Previous Instruction/Location
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Class Name	Day of Week	Time	Previous Instruction/Location
Session Start Date	T-Shirt Size Youth: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL Adult: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L		

## Payment Information

Payment Method (choose one) <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	If credit, would you like automatic payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Fee \$50/\$90 per family	Collected <input type="checkbox"/> Y <input type="checkbox"/> N
Credit Card Number	Name on Card	Expiration Date	CVC Code

## Acknowledgments

*Please read carefully, initial each paragraph, and sign below*

Initial	<b>Liability Release.</b> As a legal adult or the legal parent or guardian of a minor student, I release and hold harmless KU Studios and Kids Unlimited, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Kids Unlimited, its owners and operators or in route to or from any of said premises.
Initial	<b>Medical Release.</b> I hereby authorize and consent for the student named, to participate in classes/productions at KU Studios and Kids Unlimited. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor named (if applicable) and I also agree to hold Kids Unlimited and/or their assignees, harmless in the event of an injury or accident.
Initial	<b>Publicity Release.</b> I hereby authorize and consent that KU Studios and Kids Unlimited shall have the absolute right to copyright, publish, use, sell, or assign any and all photographs, portraits or pictures, television spots, movie films, videotapes, and/or sound recordings or any part thereof, that have been taken of the child named. Admission to performance group classes can be effected if this release is not initialed. Please speak with directors if you should have any issues you feel need to be discussed.
Initial	<b>Membership Fees and Tuition Payment Policies.</b> Membership fees and tuition is due by the first of each month. If accounts are paid after the fifth of the month, there will be a \$15.00 late fee applied to the account balance. There is a \$25.00 returned check charge for any checks returned by the bank. Membership fees and tuitions are based on a breakdown of 12 monthly payments; we do not prorate months for missed days, holidays or school vacations. Please review our studio policies. There are no refunds; however fees and tuition may be applied to alternate classes.
Initial	<b>Email Release.</b> I understand that by providing an email address, I have authorized my consent to receive email notifications from KU Studios, Home of Kids Unlimited and Kids Unlimited including but not limited to: studio business and updates, newsletters, special offers, and special events.
Initial	<b>Parent Directory.</b> I hereby authorize and consent that Kids Unlimited shall use names, cross streets, phone numbers and email addresses in the Kids Unlimited parent directory for carpool and/or studio related purposes.
<b>Signature</b> (If student is a minor under the age of 18, parent/guardian must sign acknowledgements)	
<b>Date</b>	

## Further Information

Notes	Physical Limitations or Injuries
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