



# 2010-2011 Tae Kwon Do Martial Arts REGISTRATION FORM

**MAIL WITH REGISTRATION FEE TO:**

Peachtree City School of Dance  
113 Peachtree Court, Suite A  
Fayetteville, GA 30215  
(770) 632-1544 fax (770) 716-3122  
Website: [www.PTCSchoolofDance.com](http://www.PTCSchoolofDance.com)  
E-mail: Director@PTCSchoolofDance.com

**FOR OFFICE USE ONLY:**

“Bring A Friend”

Student:

When Applied:

Parent’s Name: \_\_\_\_\_

Student’s Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: **F M**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

List Any Health Concerns or Allergies: \_\_\_\_\_

Class(es) Day & Time: \_\_\_\_\_

Fees – 1 Class - \$65 monthly  
2 Classes - \$95 monthly  
3 Classes - \$125 monthly

**MONTHLY TUITION DUE** \_\_\_\_\_  
**REGISTRATION FEE** **\$ 75.00**  
**TOTAL AMOUNT DUE** \_\_\_\_\_

**Release** – Peachtree City School of Dance, Inc. (here after refer as School) assumes no liability for accidents, injury, or loss of property. The person signing on behalf of the student assumes responsibility thereof. I release and authorize the School use of any photos or video taken during dance activities, including classes for use in advertising, performance programs, or brochures. I hereby authorize the School to act for me in the event of a serious emergency (requiring medical attention) and I hereby waive and release the School, its instructors, teachers, and/or directors from any and all liability for injuries and illnesses incurred while in attendance. Furthermore, in the event of an emergency requiring medical attention, I shall pay for all services rendered.

**Monthly tuition is due on or before the 1<sup>st</sup> lesson of each month.** There will be a \$10 late fee charged after the 10<sup>th</sup> of the month. There will be a charge of \$25 for any returned check. A discount is offered for paying on a yearly basis. Any classes missed may be made up within 1 month of the class missed. (See desk for additional terms & conditions and policies). All Payments to be made Payable to: **Peachtree City School of Dance.**

**The undersigned agree to all terms & condition, policies and releases herein and as presented in referenced documents available at the Studio Desk and/or Website.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian for Child or Adult for Self)

**MONTHLY TUITION IS DUE ON OR BEFORE THE FIRST OF EACH MONTH.**