



REGISTRATION FORM

Student's Name _____ Age (if under 18) _____

Parent/Legal Guardian (if student is a minor) _____

How did you hear about us? _____

E-mail address _____

Home address _____

City/State _____ zip _____

Home phone (____) _____ Work phone (____) _____

EMERGENCY CONTACT:

Name _____

Address _____

City/State _____ zip _____

Home phone (____) _____ Work phone (____) _____

Relationship to student _____

LIABILITY WAIVER

All adult students or parents/legal guardians of minors are required to read and sign the attached liability waiver. NO student will be allowed to participate in any class, or to use any equipment, unless his/her waiver is on file with Trapeze Arts, Inc.

MEDICAL RELEASE FOR PARENTS/LEGAL GUARDIANS OF MINOR STUDENTS

In the unlikely event of a medical emergency, and if I am not available, I authorize Trapeze Arts, Inc. staff to use their best discretion in obtaining medical treatment for my child.

I indemnify and agree to hold harmless Trapeze Arts, Inc., its agents, and its employees from any liability from any injury suffered by my child resulting from or connected with taking classes, using equipment, or performing with the company. I agree to assume all risk for any injuries received.

Signature of Parent or Legal Guardian of minor

Date