



# TERRY FYKE STUDIO OF DANCE & ARTS LLC

P.O. Box 207 | SCOTTSVILLE, NY 14546

SCOTTSVILLE LOCATION: 32 MAIN STREET, SCOTTSVILLE, NY 14546

SPENCERPORT LOCATION: 1835 NORTH UNION STREET, SPENCERPORT, NY 14559

WWW.TFS4DANCE.COM | (585) 889-5920

## REGISTRATION & MEDICAL RELEASE FORM

Please Circle One:                      Dance                      Theater                      Pre-School FUN!

Please Choose Location:              Scottsville                      Spencerport

Students Name: \_\_\_\_\_ Age/DOB \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Em. Contact Phone: \_\_\_\_\_

Health Insurance Co. and number \_\_\_\_\_

Known allergies and food or health restrictions or special needs: \_\_\_\_\_

\_\_\_\_\_

Classes taking: (use back for more room): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I allow my child to participate in this program and hold harmless TFSD & Arts LLC. In the event of an emergency and time is a factor,, I authorize the Instructors to make a decision in the best interest of my child.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_