



TERRY FYKE STUDIO OF DANCE & ARTS LLC

3721 SCOTTSVILLE RD., SCOTTSVILLE, NY 14546

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

REGISTRATION & MEDICAL RELEASE FORM

Please Circle: Theater Earthen Vessels

Students Name: _____ Age/DOB _____

Parents Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ e-mail: _____

Student t-shirt size: _____ Student dress/pant size: _____

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 _____