



# 2011-12 FALL REGISTRATION CARD

**Office Use Only**

Paid Ck#

Date \_\_\_\_\_

\_\_\_\_\_

STUDENT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL# \_\_\_\_\_

STUDENT BIRTHDATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### CLASS REGISTRATION

CLASS	DAY	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*\*\*OVER\*\*\*\*



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## CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of \_\_\_\_\_, I hereby consent for Triple Threat Performing Arts to provide first-aid care and to use their judgment in obtaining medical and/or dental care. Furthermore, I grant permission to any hospital, physician or dentist to render emergency care or treatment as may be required to preserve life, limb, or well-being of my dependent. Should an accident occur to my child, I hereby release all responsibility from Triple Threat Performing Arts.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

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Other Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US? Please Circle-** **YELLOW PAGES**      **INTERNET/WEBSITE**      **FLYER**  
**NEWSPAPER**      **RADIO**

**FAMILY/FRIEND Who? (so we may thank them)** \_\_\_\_\_

**Other** \_\_\_\_\_

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