

REGISTRATION AND RELEASE FORM

FALL 2011 SESSION SEP 6, 2011 – MAY 26, 2012

490 E. IL Route 22 Lake Zurich, IL 60047

Phone 847-438-6424 Fax 847-726-0491

www.TrilogyDance.com

Student Name	Date of Birth	Class Name (schedule)	Instructor (schedule)	Day/Time (schedule)	Price (schedule)
Parent/Guardian Name (if					
AddressE-mail		•	Zip	(trilogy facts) Registration	
Cell Ph	_ Home Ph	Wor	k Ph	(trilogy facts) TOTAL	
Payment Method:	Credit Card	Card Type		Check Check	k#
Credit Card #	S	ecurity Code	Name on Card	Exp D	ate/
I give Trilogy School of Perf	forming Arts permis	ssion to charge my c			
			Signature		
Special Allergies, Chronic II	lness, or other med	ical conditions of stu	ıdent:		
THE UNDERSIGNED AGREES TH I hereby agree to release, and indemnifi- liability (including attorney's fees) arisi premises. I have read the registration in tuition payments as described in "Trilog for Trilogy School of Performing Arts te electronic devices to monitor its facilities	y Trilogy School of Perforing from, because of, or in information as outlined in "gy Facts". I certify that I at to take videos and photogra	connection with personal in Trilogy Facts" document and m in good health and capab	njury, illness, property damage, ad I understand the School's po le to participate in all school ac	or property theft occurring on licies. I understand that I am a stivities and classes. I hereby	or off the schools responsible for give permission
Student Signature	Pa	arent/Legal Guardia	n Signature	Date	
My signatures above and below aff	firm the fact that I have *********	completely read, underst	ood and agreed to all the ter	rms and conditions of this	Agreement. *******
Medical Emergency Authorization To Whom it May Concern: As pare the event of a medical emergency v impairment or extreme discomfort, effective from date of signing until This release is completed and signed	ent/legal guardian, I autl which, in the opinion of if delayed. This author the end of the session a	the attending physician, ity is granted only after as listed on this form.	may endanger the minor's la reasonable effort has been	ife, cause disfigurement, p made to contact me. This r	hysical
Signature of Parent/Legal Gu	ardian		Date		
FOR OFFICE USE ONLY:					
DateReceip	t#	Check #	Total Paid	Balance Due	