

Enrollment Form/Athlete Medical Release Form/Athlete Information



PARENT/GAURDIAN _____
 ATHLETE NAME _____
 GENDER _____ BIRTHDATE _____ AGE _____
 EMAIL _____
 CONTACT # _____ / _____
 EMERGENCY CONTACT _____
 ADDRESS _____
 CITY/STATE _____ ZIP CODE _____
 INSURANCE PROVIDER _____ POLICY# _____

AB'S STUDIO 1/TRAINING FACILITY 2016-2020 CLASSES OR EVENTS WAIVER OF LIABILITY/MEDICAL/PUBLIC RELEASE FORM

I (Parent/Guardian/Participant if 18 or older) _____, hereby waive and absolve Amber N. Bryant/AB Studio One/Training Facility and all other employees, workers of any and all liability and responsibility for injuries, sickness, accidents and/or acts of God incurred during participation and activities in the 2016-2020 AB' Studio One/Training Facility events or classes. I do hereby myself/my child (participant) _____ acknowledge that my child does have insurance coverage and if my child does not have insurance coverage, I acknowledge all responsibility for any care and/or emergency treatment that my child may need and agree not to hold Amber N. Bryant, AB's Studio One, Training Facility, it's employees, or anyone other than myself financially responsible for emergency care. In consideration of my signed release allowing my child/myself to participate in monthly classes or any other AB's Studio One event, I intending to be legally bond, do hereby my heirs, executor and administration, waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me against AB's Studio One or the directors of their respective employees, office, agents, representative's, successor's, and/or assignee, for any and all damages which may be sustained or suffered by me or this minor child in connection with my association with participation in, or rising out of travel to and/from any respective AB's Studio One site. In event of injury/accident/sickness/ AB's Studio One, officials and/or instructors are to contact the designated adult listed above. I do hereby give my permission for my child/myself to be photographed and/or videotaped, during any AB's Studio One activity. Photographs/video may be used in advertisement's, promotional events and/or web pages in association with AB's Studio One

PAYMENT AGREEMENT

By signing below, I hereby agree to abide by all rules and regulations set forth by AB's Studio One. I agree to pay monthly tuition by the 1st of every month. I understand the enrollment period is month to month. Payment of tuition reserves my child's placement in class. Notice of withdraw must be made in advance of leaving or I will still be billed for monthly tuition and be responsible for payment of monthly fees until I formally withdraw my child from the program. Any payment made after the 15th of the month will result in \$20.00 LATE FEE. Due to inclement weather, AB' s Studio One has the right to close down due to the act of God with no Pro-Rate.

Parent Signature _____ Date _____ Monthly Tuition \$ _____
 Class Description _____ Class Day _____ Class Time _____

STUDENT NAME _____ CLASS DAY(S) _____ @ _____

_____ @ _____, & _____ @ _____

MONTHLY TUITION \$ _____ / SIBLING DISCOUNT \$20.00 PER SIBLING PER CLASS

NOTES FOR OFFICE _____