

TAS Summer 2009 Registration Form

Parent Name: _____

Student Name: _____

Age: ____ DOB: ____/____/____ Academic School: _____

Address: _____

Home Phone # _____ (Hp) _____ (Other) _____

Email Address: _____

In case of emergency, contact: _____ Phone #: _____

Please list any medical conditions, medication, allergies, etc:

Your signed registration form is verification and confirmation of the parent or guardian on a minor student's agreement to Tanglin Arts Studio's terms and conditions. You agree to the terms in this brochure and the following: You realize there is always a risk of accident and if necessary, authorize Tanglin Arts Studio to obtain emergency treatment on your child's behalf; and, you further release Tanglin Arts Studio from all liabilities for injuries, property loss or damage.

Parent's Signature

Date

Have you previously taken classes at Tanglin Arts Studio? Yes _____ No _____
If yes, what class(es)? _____

Which camp(s) or class(es) would you like to participate in?

Please refer to brochure for schedule and fees.

Camp(s)/Class(es)	Time/Day of Week/Month	Cost
-------------------	------------------------	------

_____	_____	_____
_____	_____	_____
_____	_____	_____

**** Minimum enrollment for camps/classes is 6 students ****

Please turn in this form with your payment.

All camp/class fees must be paid at the time of registration.

For office use only: N _____ Ck _____ Cash _____ Date _____

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