

# REGISTRATION BY MAIL

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Parent or Guardian if Student is a Minor

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E Mail Address \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Name with Phone Number

I hereby release my instructor and all sponsoring agencies from responsibility for any injuries I may receive as a result of participation in classes at the Johnson and Peters Tap Dance Studio. I certify that my level of physical condition determined by myself or my physician will allow me to participate safely in these classes. I further state that I have read and understand this release and that I am legally competent to sign it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<u>Class</u>	<u>Day</u>	<u>Time</u>	<u>Fee</u>
_____			\$ _____
_____			\$ _____
_____			\$ _____
Sub-total			\$ _____
Family/Pro.Discount subtract 10%			\$ _____
TOTAL ENCLOSED			\$ _____

Fees payable in US Currency by check, money order, Visa or MC to:

Johnson & Peters Tap Dance  
6600 First Avenue NE  
Seattle, WA 98115

\_\_\_\_\_  
Visa or MC # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 Digit Code (from back) \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on card (Please print clearly)

\_\_\_\_\_  
Signature on Card