



For Office Use Only	
\$25 (Registration)	<input type="checkbox"/>
\$60 (Session)	<input type="checkbox"/>

## Student Registration Form

STUDENT NAME:	
NICKNAME:	
BIRTH DATE:	
AGE:	
PARENT NAMES:	
ADDRESS:	
CITY, STATE & ZIP:	
DAY PHONE:	
EVENING PHONE:	
STUDENT MOBILE PHONE:	
PARENT MOBILE PHONE:	
EMAIL:	
SOCIAL MEDIA:	
MEDICAL CONDITIONS?	
HOW DID YOU HEAR ABOUT TFK?	

\*All your information is confidential and will not be shared to 3<sup>rd</sup> parties. Please be aware that you will be getting emails ONLY from "[thefuturekingzchicago@gmail.com](mailto:thefuturekingzchicago@gmail.com)"

### **Liability Waiver and Acknowledgment of Risk: READ AND SIGN BELOW**

#### **REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE CLASS**

I understand that tuition MUST be paid before each session begins and is non-refundable. Other fees may incur for future performances, costumes, etc. We have the right to refuse any students at any time. Classes and fees are subject to change. I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of TFK & GYMKHANA classes, rehearsals, performances, or activities. I also exempt, release, and indemnify TFK & GYMKHANA, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by TFK & GYMKHANA. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold TFK & GYMKHANA, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be

Sparxo, Cash, CC, CashApp, Zelle, Quickpay or Paypal Available (Ask for more



info)



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aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights. Permission is granted to TFK & GYMKHANA to use photographs or video capture of students for publicity purposes.

**I have read, understood and agree to be bound by the above statement (please print your name, sign & date):**

\_\_\_\_\_  
Signature of student (Parent signature if student under 18)

\_\_\_\_\_  
Date

Sparxo, Cash, CC, CashApp, Zelle, Quickpay or Paypal Available (Ask for more

info)

