

SAVELLI DANCE & MARTIAL ARTS 2018-2019 REGISTRATION FORM

NAME OF STUDENT (please print) _____ DOB _____ AGE _____ GRADE 2018-2019 _____ HOME PH # _____

STREET ADDRESS _____ CITY _____ ZIP _____ EMAIL ADDRESS - **REQUIRED** (used for registration confirmation and communication.) _____
Please give written notification of change in address and/or phone numbers.

MOTHER'S NAME _____ WORK PH # _____ CELL PH # _____ PROFESSION (We like to do business with our clients whenever possible.) _____

FATHER'S NAME _____ WORK PH # _____ CELL PH # _____ PROFESSION _____

EMERGENCY CONTACT - NAME OF PERSON (other than parents) _____ PH # _____ MEDICAL CONDITIONS (such as ADHD) /ALLERGIES _____

CLASSES DESIRED:

1. CLASS _____ DAY & TIME _____ 2. CLASS _____ DAY & TIME _____

3. CLASS _____ DAY & TIME _____ 4. CLASS (Please use back of form to register for additional classes.) DAY & TIME _____

PLEASE CIRCLE PAYMENT PLAN:

8 pymts

4 pymts

2 pymts

1 pymt

SIGNATURE (signature of parent if student is a minor) _____

By signing this form, you agree to the rules and regulations of Savelli's Dance and Kung Fu Studio. Dance & Kung Fu Studio and/or the owners of the property which lease space to said business will not be held responsible for any injuries occurring during class and/or on the premises. You agree to pay tuition in full, regardless of absences or inability to continue class at the scheduled time. Make-ups are your responsibility. You give permission for photos to be used at our discretion in printed or web materials.

**Please include \$20 registration fee per student
with payment and mail to:
Savelli's, 7516 Tyler Blvd., Mentor, Ohio 44060**