

MACY JO REED

dba

**KIDS & CO.
DANCE STUDIO**

**P.O. Box 581
SPEARFISH, SD 57783**

(605) 280-5544

www.kidsandcodance.com

macyjoreed@hotmail.com

STUDENT INFORMATION & REGISTRATION FORM

1ST STUDENT'S NAME _____ **AGE** _____ **GRADE** _____

2ND STUDENT'S NAME _____ **AGE** _____ **GRADE** _____

3RD STUDENT'S NAME _____ **AGE** _____ **GRADE** _____

FAMILY INFORMATION:

MOTHER _____ **PHONE** _____ **MOBILE** _____

E-MAIL _____

FATHER _____ **PHONE** _____ **MOBILE** _____

E-MAIL _____

MAILING ADDRESS:

NAME _____ **STREET/P.O.** _____

CITY _____ **STATE** _____ **ZIP** _____ **HOME PHONE** _____

EMERGENCY CONTACT _____ **PHONE** _____

PLEASE LIST ANY MEDICAL CONDITIONS OR SPECIAL NEEDS OF YOUR CHILD THAT WE SHOULD BE AWARE OF:

PERMISSION SLIP AND RELEASE FORM

WAIVER AND RELEASE: I agree that Macy Jo Reed dba Kids & Co. along with the employees, agents and directors of this organization shall not be liable for any injuries, damages or losses sustained by me or my children which are in any way related to their participation in activities sponsored by Kids & Co. I assume all risks and accept full responsibility for any injuries, damages or losses my children may incur in connection with my decision to exercise my permission to participate in Kids & Co. I agree to release Kids & Co. from any and all liability due to my children's participation in the program.

As a parent or legal guardian of the students listed above, I understand the Waiver and Release and I am in full acceptance of the conditions written therein.

I hereby state that I am freely allowing my children listed above to participate in Kids & Co.

Signed _____ Date _____

Please print form, complete and return with the completed Class Schedule form along with a \$25.00 registration fee, to the address above.