

Techniques school of DANCE & GYMNASTICS

115 Bull Street LaGrange, GA 30240
706-882-4060 www.techniquesschool.com

Registration Form

Student Name _____ Age _____

Address _____ Date of Birth _____

City, State, Zip _____

Billing Address (if different from above) _____

Phone _____ Cell _____

E-mail _____ Alt. Contact _____

Parents Names _____

School attending and grade _____

List any dance and tumble experience:

What day and time would be best for your class?

Registration Fee	\$20	Paid	Not Paid
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I understand and recognize the risks of physical injury inherent in dance and gymnastics and I am willing to assume those risks. I agree that I will not hold Techniques or its director or employees liable for injuries sustained or illnesses contracted by my children or myself while in attendance at Techniques.

Signature of Parent/Guardian _____ Date _____

From time to time Techniques has photographers come in and make photos to update our advertising and web site. Do you agree to your child's picture being taken for these purposes and for the photos to be used as listed above?

Please Circle One: Yes, you may use my child's picture in Techniques School advertising and web site.

No, please do not use my child's picture.

How did you hear about our school? Current Customer Word of Mouth Internet

Yellow Pages Newspaper Flyer Other _____