

MJM Studios Inc. - Registration Form

5796 Constitution Drive, Suite C - Florence, KY 41042 - (859) 282-6116 - www.mjfstudiosinc.com

Please have a parent or legal guardian fill out form entirely and return before participation in any class.

Student Name Sex Age DOB

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Street Address City/State Zip

Home Phone | Mom's Cell/Work Phone | Dad's Cell/Work Phone

Mother's Name Place of Business Occupation

Father's Name Place of Business Occupation

Please list any medical conditions to which we should be alerted.

Parent's Email address

Class Length	Price
45 minutes	\$41.25 monthly
1 hour	\$55.00 monthly
1 ½ hours	\$82.50 monthly
1 hour 45 minutes	\$96.25 monthly
2 hours	\$110.00 monthly
2 ½ hours	\$137.50 monthly
3 hours	\$165.00 monthly
enjoy a 10% discount on multiple classes if paid by the 10th of the month!	
non-refundable registration fee \$15 per student or \$30 per family	
Class/Classes you are registering for: _____ _____	

Photo/Video Release

I am aware that individual and group publicity photos and videos are taken from time to time.

- I hereby grant my permission for my child's likeness to be used in MJM Studios Inc's publicity, advertising and/or website.
- I do NOT grant my permission for my child's likeness to be used in MJM Studios Inc's publicity, advertising and/or website.

I have read and understand this PHOTO RELEASE and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN Signature _____ Date _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death, can occur in any activity involving height or motion, including but not limited to dance and tumbling. I voluntarily consent to the aforementioned person participating in the MJM Studios Inc. program and accept all risks associated with that participation.

In consideration for allowing my child to use these facilities, I hereby forever release and covenant not to sue the MJM Studios Inc, its officers, employees, volunteers and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child including ordinary negligence while under the instruction, supervision, or control of the MJM Studios Inc.

As legal guardian of the aforementioned person, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained in training or performance for MJM Studios Inc.

I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent/Legal Guardian Signature Date Witness Signature Date