

# REGISTRATION FORM PLEASE PRINT



Today's Date \_\_\_\_\_ Session # \_\_\_\_\_

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Schedule changes, updates, and other announcements will be sent via e-mail only. Please give us an e-mail address where you would like the information sent. This information is confidential and your address will not be shared with others.

**How did you hear about BUSY BODIES Planned Play?**

- Birthday Party       Advertisement \_\_\_\_\_       Drive By/Walk In
- Internet               Friend \_\_\_\_\_               Phone Book
- Mailer \_\_\_\_\_       Other \_\_\_\_\_

**FIRST CHOICE**

Class Name \_\_\_\_\_ M T W T F S @ \_\_\_\_\_

**SECOND CHOICE**

Class Name \_\_\_\_\_ M T W T F S @ \_\_\_\_\_

**FOR THE ADULT... In an emergency, please contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I understand that there are no credits or refunds for missed classes. Makeup classes are offered on a space available basis. I understand that I need to notify the studio if my child is going to miss a class. I understand that the money back guarantee only applies IMMEDIATELY following the first class attended

\_\_\_\_\_ Parents Initials

Returned Check Fee - There will be a \$35.00 fee for all returned checks.  
No refunds. Annual Registration Fee and Tuition - BUSY BODIES Annual Registration Fee of \$40.00 is due upon initial registration and on the first day of the session of your anniversary date. Tuition is for one class per week in each eight week session.

**FOR OFFICE USE ONLY..PLEASE DO NOT WRITE BELOW THIS LINE..FOR OFFICE USE ONLY**

Class Fee .....	\$ _____
Annual Family Registration Fee .....	\$ _____
Additional Discounts _____ Source _____	\$ ( _____ )
Late registration prorated _____ classes .....	\$ ( _____ )
Sub Total .....	\$ _____
Second Class 20% off for same child*, or sibling .....	\$ ( _____ )
(*at the same time as the first class. Discount applies to classes paid for)	
Total Due .....	\$ _____

Date \_\_\_\_\_ Credit Card \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ By \_\_\_\_\_

Fax to 623-561-1413

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

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FM \_\_\_\_\_ CARD \_\_\_\_\_ By \_\_\_\_\_ ACCTG \_\_\_\_\_ By \_\_\_\_\_ TYC \_\_\_\_\_

## Waiver of Liability and Assumption of Risk PLEASE READ CAREFULLY

My minor child(ren) is/are attending BUSY BODIES Planned Play and I fully recognize the fact that there is inherent risk in this type of activity and the use of its associated equipment. In recognition of the inherent risk of this activity, I confirm that my minor child(ren) is/are physically and mentally capable of participating in the activity and/or using the equipment.

I am willing and voluntarily allowing my minor child(ren) to participate and I assume all responsibility for personal injury and accidents, including death, and any expenses as a result thereof. I also assume responsibility for damage to or loss of personal property as a result of any accident that may occur.

I hereby waive any and all claims which I or my heirs, executors, successors or assigns may have against BUSY BODIES Planned Play, LLC for any and all personal injuries, accidents, illnesses or death.

I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance, or in its absence, agree to pay all costs of medical services as may be incurred on my child's behalf.

I have read and understand the foregoing acknowledgment of risk and assumption of risk and responsibility and understand that I have waived all claims against BUSY BODIES Planned Play, LLC.

\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Signature