



REGISTER NOW!!!!!! Mail or fax this completed form to 9909 South Shore Drive Suite 180, Plymouth MN 55441. Fax 763-540-0002, or call us at 763-540-0001 to register. All forms will be processed within 3 business days of receipt and parents will be notified of acceptance via email or phone call.

CHILD'S PERSONAL INFORMATION:

Child's Name: _____ Birth Date: _____ Age: _____
School: _____ Grade: _____
Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Size(Uniforms provided):
Top: _____ Pants: _____
Allergies: _____
Medications: _____
Disabilities: _____

Other/Please explain: _____

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____
Address: _____
Contact Info: Home: _____ Work: _____ Cell: _____
Email address: _____
Father's Name: _____
Address: _____
Email Address: _____
Contact Info: Home: _____ Work: _____ Cell: _____

Emergency Contacts:

Name and Contact Info: _____
Name and Contact Info: _____

FEES: \$100 Registration fee is due upon acceptance into The Academy. \$50 weekly tuition is due every Friday. All girls are expected to complete the 12 week program and there will be NO REFUNDS for missed days.

Waiver and Indemnity Agreement: Acceptance of my entry in this clinic is without responsibility of any kind by Complete Academy and any other entity sponsoring event. I do hereby for and on behalf on my heirs and legal representatives release and forever discharge Complete Academy, their offices and representatives from any and all claims, demands and injuries, howsoever arising whether by the negligent or intentional acts of Complete Academy, the sponsoring body or the representative. I understand that Complete Academy does not provide accident insurance for participants and that I am responsible for my own coverage. I hereby consent to the use of my child's likeness in photographs, film or videotape for the use of editorial, illustration or promotional purposes.

I, _____, have read and agree with the above agreement form.

Signature Required

Date