

Talent Forum 450 Peterson Road • Libertyville, Illinois 60048

• (847) 816-1711; fax (847) 816-1717; website: www.talentforum.biz

Registration Form

2007-2008 Classes; Classes begin September 17th

| Student Name | | Date of Birth | Age |
|---|-----|-----------------------------|----------------|
| Parent or Guardian | | | |
| Address | | | |
| City, State & Zip | | | |
| Home phone (with area code) | | Work phone (with area Code) | |
| Emergency Contact | | Phone | |
| Physician | | Phone | |
| Medical information (allergies, medication, etc.) | | | |
| Parent Cellular Phone or Pager (please indicate type of number) ~~~~~ Student Cellular Phone or Pager (please indicate type of number) | | | |
| How did you learn about Talent Forum? <input type="checkbox"/> Referral's Name _____ <input type="checkbox"/> Phone Book New Students Only <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____ | | | |
| CLASS | DAY | TIME | FEE |
| | | | |
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| | | | |
| SUBTOTAL | | | |
| DISCOUNT | | | |
| NON-REFUNDABLE REGISTRATION FEE | | | \$20.00 |
| OPTIONAL: I wish to donate \$1 to the Fred Alexson Memorial Scholarship Fund | | | |
| TOTAL DUE | | | |

Waiver and Release

I understand that injuries are a natural possibility in any athletic endeavor and will assume full responsibility for any injuries incurred at Talent Forum, except in cases of gross negligence or willful misconduct on the part of the school.

Student Name: _____ Date _____

Permission to contact rescue squad if instructor deems necessary:

Yes: _____ No: _____ Parent's Signature and Date: _____