



# SOUTH FULTON STUDIOS

29 W. Broad St. Fairburn GA 30213

404-983-2684/770-892-7157

## CHILD ACTIVITY WAIVER

Student Name: \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Male/ Female \_\_\_\_\_ Home Phone \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Mother \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Person to contact if parent not available:

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

Family Dr \_\_\_\_\_ Dr # \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Please Note South Fulton Studios Policies (Please Initial before each line.)

\_\_\_\_\_ It is the parent/garden's responsibility to see that his/her child is picked up immediately after class.

\_\_\_\_\_ You must register your child each session in order to guarantee your child's spot in class.

\_\_\_\_\_ No jewelry to worn during class, especially hoop earrings and necklaces. Long hair must be pulled back in a pony tail.

\_\_\_\_\_ Classes with five or less children after the first week will be closed. You will be notified when registration is higher for reopening of class.

\_\_\_\_\_ Our emphasis and energies are ALWAYS on safety first, but please remember that dance, gymnastics, cheerleading, and karate are potentially dangerous sports. Any activity involving motion, rotation, or height creates the possibility of serious accidental injury.

\_\_\_\_\_ Because your child's safety is important to us, it is imperative that you be on time to class. The first 10-15 min of class are warm-ups. If your child is 10 minutes late (or more), they will not be allowed to participate. Your tuition pays for your child's spot in class. Because of this, payment is to paid even if child is absent from class. We will allow one make up class per session.

\_\_\_\_\_ SFS always offers a free trial class to make sure you & your child are as excited about our program as we hope they will be. Once your child register and fills a spot in class, no refunds will be given, with the exception of moving or a medical or family emergency. All refunds must have the approval of the owners.

\_\_\_\_\_ With your permission your child may be photographed, videotaped, or interviewed for stories/articles promoting SFS. These stories/articles may appear in newspapers or on television news shows.

\_\_\_\_\_ By initialing above & below, I understand these important Policies of South Fulton Studios and agree to abide by them. Initials \_\_\_\_\_

I certify that my child, \_\_\_\_\_ has had a physical exam in the past year / / \_\_\_\_\_ and is in good physical health. I have been informed that South Fulton Studios does not carry a supplemental insurance policy and that it is my responsibility to carry adequate health insurance and pay any additional medical fees not covered by my health insurance. Any activity involving motion or height creates the possibility of a serious injury. I agree that South Fulton Studios may approve transport in case of an emergency.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_