

Memphis Empire



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YOUTH

NAME: _____ D.O.B: _____

SCHOOL: _____ GRADE: _____

MEDICAL/ HEALTH CONCERNS: _____

PARENT/GUARDIAN

NAME: _____ PHONE: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

IN THE EVENT OF AN EVENT WHAT HOSPITAL DO YOU WANT YOUR CHILD
TRANSPORTED TO? _____

PROGRAM OF INTEREST / EXPERIENCE

PROGRAM OF INTEREST: _____

PREVIOUS EXPERIENCE: YES NO

PROGRAM FEES

TRYOUT FEE: \$25

REGISTRATION FEE: \$40

MONTHLY FEES: \$50 (DUE ON THE 15TH OF EACH MONTH)

UNPAID BALANCES CAN RESULT IN YOUR CHILD(REN) NOT PERFORMING

ALL PROGRAM FEES ARE NONREFUNDABLE

UNIFORMS

It is your responsibility to pay for the said uniforms by the designated date. If you do not pay the monies by the designated date, you will be held accountable to pay for the expedited shipping cost.

HAIR DAY

There will be an assigned hair day before every performance to allow your child(ren) time to get her hair done. Your child(ren) hair must reflect the said hairstyle. **NO EXCEPTIONS!**

ATTENDANCE/PRACTICE

Practice is very essential for upcoming performances. It is imperative for your child(ren) to attend every assigned practice. It is your child(ren) responsibility to get any missed routines to assure they are caught up with the material. It is **MANDATORY** that your child(ren) attend all practices the week of a performance. Every child should wear a plain white top and black bottoms every practice. Once uniforms has been purchased, they should wear the practice uniform.

COMMUNITY SERVICE

Our director is a Community Leader, and she is very involved within our community. She has led our organization in various projects throughout the City of Memphis. It is **MANDATORY** that your child(ren) participate in all scheduled community service projects. We also encourage you to bring the entire family to partake in such projects. Community service hours will be given to all participants.

INSURANCE

INSURANCE PROVIDER: _____

MEMBER ID NUMBER: _____

MEDICAL RELEASE

In the event you are unable to me, in the case of an incident or injury, I give you my permission to receive deemed necessary by staff or emergency personnel. I also release Memphis Empire and its staff of liability in case of injury or accident incurred for

CHILD NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDIO INFORMATION / POLICIES

I have read all given information and policies including program fees, uniforms, hair day, attendance, community service projects, and insurance. I fully understand and agree to abide by these policies.

Parent / Guardian Signature: _____

DO NOT WRITE BELOW THIS LINE

DIVISIONS: (MINI) K-3 (JR) 4-6 (SR) 7-12