

TACOMA URBAN PERFORMING ARTS CENTER T.U.P.A.C.

FINANCIAL ASSISTANCE REGISTRATION FORM

Student #1 Name:

Date of Birth:	Grade as of September 2017	School Attending:
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Student #2 Name:

Date of Birth:	Grade as of September 2017:	School Attending:
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Student #3 Name:

Date of Birth:	Grade as of September 2017:	School Attending:
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PARENT EMPLOYMENT INFORMATION

Mother's Last Name:	First Name:
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Father's Last Name:	First Name:
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Address:

City:	State:	Zip Code:
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Mother's Cell Phone:	Father's Cell Phone:	E-MAIL:
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Mother's profession:	Hourly Salary <i>(Please circle)</i>	Annual income:
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Father's profession:	Hourly Salary <i>(Please circle)</i>	Annual income:
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EMERGENCY CONTACT

Name of a relative or guardian:

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

PERSON RESPONSIBLE FOR BILLING

Name:

Address if different from above:

PLEASE EXPLAIN WHAT TYPE OF FINANCIAL ASSISTANCE IS NEEDED

I hereby agree to participate/have my child/children/myself participate in T.U.P.A.C.'s dance classes and workshops. I recognize the physical risks inherent in any dance program and I hereby agree to indemnify and hold harmless T.U.P.A.C. and its instructional staff from any and all claims, costs, liabilities, expenses and judgments arising out of participation, or illness/injury therefrom. I also give T.U.P.A.C. and its staff and authorized official's permission to take photographs and make videos and yet to be invented media of my child while he/she is participating in classes and/or performance activities for the purpose of educational processes, fund-raising, public relations, and other specific reasons as deemed appropriate by the organization's Directors.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to T.U.P.A.C. and its staff to obtain necessary emergency medical treatment for my child/children/myself with the understanding that the family will be notified as soon as possible.

Signature of Registering Parent/Guardian	Date:
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