

# The Studio Atlanta Dance

## Bring a Friend Information Form

The Studio Atlanta Dance | 1675 Cumberland PKWY Suite 202 | Smyrna, Ga 30080 | 678-556-0444

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ School: \_\_\_\_\_

I am joining a friend in the \_\_\_\_\_  
Day Time Age/Level Class Type

**Release:** No liability is assumed by THE STUDIO ATLANTA DANCE or its staff on behalf of the student for any accidental injury caused by acts of said student. The person hereinafter signing the contract on behalf of said student thereafter assumes responsibility for any such injuries.

I, the undersigned, agree to comply with the terms of the contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date