



**CLASS REGISTRATION FORM**  
**Please fill out this form completely.**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Class title:** \_\_\_\_\_

**Date and time:** \_\_\_\_\_

**Waiver of liability:** I hereby release Cape Fear Studios, its employees, volunteers, and board members from any and all liability, cost, or expense associated with any injury I may sustain while participating in CFS classes.

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

**\*Full payment is due at the time of registration in order to secure a spot in the class. Registration is due one week prior to class date.**

**My payment is:**

- Enclosed in the form of a check made payable to Cape Fear Studios.
- I would like to pay by credit card.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Please return to Cape Fear Studios, 148-1 Maxwell St., Fayetteville, NC 28301