

Registration Form

Class no.: _____	Class title: _____
Participant Name: Last: _____	First: _____
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth: _____
Address: Street _____ Apt. _____	City: _____ State: ____ Zip: _____
Home phone: _____	Cell phone: _____
School: _____	

Parent/Guardian name: _____	Work phone: _____
Email: _____	Cell phone: _____
Parent/Guardian name: _____	Work phone: _____
	Cell phone: _____

Medical information

Are there any existing medical conditions/health concerns we should be aware of?

Yes (please explain) _____ No _____

Are there any special accommodations requested?

Yes (please explain) _____ No _____

Parents

Parents are required to remain in the facility for the duration of the class/workshop. Classes start and end on schedule; please arrive promptly and pick up your child at the conclusion of the class. Parents may watch any class where space is available, unless participating in a parent/child class. Unregistered children may not be present or participate in classes (including children in car seats, carriers, and strollers). Unattended children are not allowed in the facility.

Scholarship information

If you would like for your child to be considered for a scholarship to attend the class/camp please provide the following:

- Proof of residency in the 23607 zip code Proof of financial assistance (TANF)

Agreement

In consideration of accepting this registration, I hereby myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the city and its representatives, successors and assigns, for any and all injuries suffered by myself or my child at any activity by these groups.

Participant/Parent(s) Signature: _____ Date: _____

Administrator's Signature: _____ Date received: _____

Payment: <input type="checkbox"/> check/m.o.# _____ <input type="checkbox"/> credit card # _____ exp. ____ / ____ card type: _____
--