

Late Fall '21 Registration Form

Name of child:

Date of Birth (yyyy/mm/dd):

Preferred pronouns (he/she):

Requested session / possible alternative:

Home phone #

Address:

Postal code:

First parent's name:

Alternate #

Preferred email:

Co-parent's name:

Alternate #

Email:

Person attending class with your child if other than above:

Phone #

Email:

How did you find out about the classes?

Occasionally, photos/video images may be taken:

YES, I give "Little Voices Dancing Feet" permission to use my/my child(ren)'s image(s) for publicity/promotional purposes. (Thank you!)

NO, I do not give "Little Voices Dancing Feet" permission to use my/my child(ren)'s image(s) for publicity/promotional purposes.

I have read the policies for indoor classes regarding proof of double vaccination for accompanying adults, mask wearing, and social distancing, and agree to abide by them.

I do hereby release "Little Voices, Dancing Feet" and all its' agents from any and all actions, claims, and demands for, upon, or by reason of, damage, loss or personal injury, which may be sustained by my child, myself, or my agent, during the course of, or as a result of, these classes.

Signature:

Date:
