

# FALL '22 Registration Form

Name of child:

Date of Birth (yyyy/mm/dd):

Preferred pronouns (he/she):

Requested day/time/possible alternative:

Primary 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 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:

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