



# HAPPY FEET with Miss "Tania"

## REGISTRATION FORM

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_

**I HAVE READ THE WAIVER AND THE RELEASE AGREEMENT ON THE BOTTOM OF THIS FORM.**

**Father's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If you would like your child to participate, please complete and sign registration form and leave in the front office by December 15th!**

**\*\*\*\*please make ALL checks payable to Tania Silver\*\*\*\***

### WAIVER AND RELEASE AGREEMENT

I have chosen to enroll my child or children in **HAPPY FEET** with Miss "Tania". **HAPPY FEET** offers instruction in dance and creative movement. I understand that these lessons will take place at the school that my child attends and that he or she will be under supervision of the school employees while participating in **HAPPY FEET**.

I fully understand that **HAPPY FEET** will not accept responsibility for injuries sustained by any student during the instruction of dance and creative movement.

I hereby release **HAPPY FEET** to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary to call an ambulance.

I consent to have my child or children participate in the program offered by **HAPPY FEET**. I waive and release all rights and claims for damages that I or my child may have against **HAPPY FEET**.