Student's Name
AgeSexChild's Date of Birth
Parent's Name
Home Phone
Cell Phone
Address
CityStZip
Email Address
(Please write legibly!)
Class/Camp Code:
1st choice2nd choice
l,
have enrolled my child
in a program of physical activity including but not limited to creative
movement and or Ballet/Jazz.
I hereby affirm that my child is in good physical condition and does not
suffer from any disability that would prevent or limit his/her

Registration Form Classes and Camps 2021

participation in this program.
l,
for my child, myself, my heirs and assigns release Fairy Tales in
Motion (it's (and it's members and owners) from any claims, demands
and causes of action resulting from any participation in the dance program
Parent or guardian's signature and date

Please mail this form along with check for payment in full to:

Jan Taylor 12702 Theresa Drive

Silver Spring MD. 20904 240-505-8253