



COPPELIA ARTS AND SPORTS



BALLET PROGRAM

3681 W 16TH AVE HIALEAH, FL 33012

(305) 632 1615

Registration form No.: _____ Date: _____

Name: _____ Age: _____ D.O.B.: ____/____/____ Sex: _____

Address: _____ City: _____ Zip: _____

Phone: _____

School: _____ Grade: _____

Insurance Company: _____ Policy: _____

Medical Conditions / Allergies: _____

Parents' Information:

Mother: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Persons allowed to picking up my child:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Do not allow picking up my child to:

1. _____

2. _____

I, as the parent or legal guardian of the child named above, understand that the activities in this program could involve risks, such as injuries to my child or my child's properties, which might occur from participation in these events, so I do voluntarily assume any and all risks, giving my child permission to participate in these activities. I also release and agree to hold harmless this program, their volunteers, employees, agents, representatives or others, of all liabilities arising or related in any way to this program.

REGISTRATION: If the child withdraws the program, new registration will be \$50. If the child will be absent to the program the entire moth, half of the monthly fee must be paid in order to keep his/her registration active.

I have read and do understand the above.

Parent's signature

Director's signature