

Psalm 149:3 Let them praise his name with dancing.



DANCE REGISTRATION FORM

OFFICE USE ONLY

SESSION			INITIAL
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> CAMP	

MAIL REGISTRATION FORM and Payment to:
Spirited Feet • 1671 Thornhill Court • Woodbury, MN 55125

STUDENT 1 _____ BIRTH DATE _____ AGE _____

GRADE (FALL 2010) _____ CLASS DAY _____ CLASS TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS _____

STUDENT 2 _____ BIRTH DATE _____ AGE _____

GRADE (FALL 2010) _____ CLASS DAY _____ CLASS TIME _____ LOCATION _____

CLASSMATE REQUEST _____ ALLERGIES / HEALTH CONCERNS / SPECIAL NEEDS _____

STREET ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

PARENTS NAME(S) _____

HOME PHONE (_____) _____ CONTACT PERSON _____

CELL PHONE # 1 (_____) _____ CONTACT PERSON _____

CELL PHONE # 2 (_____) _____ CONTACT PERSON _____

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN SPIRITED FEET DANCE CLASSES. I UNDERSTAND THERE ARE INHERENT RISKS IN PARTICIPATION. I WAVE ALL LIABILITY AND AGREE TO HOLD HARMLESS SPIRITED FEET, HOST LOCATION, AND THEIR EMPLOYEES IN THE EVENT OF INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY.

PARENT SIGNATURE _____ DATE _____

I GIVE SPIRITED FEET PERMISSION TO TAKE PICTURES AND VIDEO FOR PROMOTIONAL PURPOSES.

PARENT SIGNATURE _____ DATE _____



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