

Née Danse/Theatre
Class Registration Form

Name _____

Age (If under 18) _____ Parent/Guardian _____

Street Address _____

City/State _____ Zip _____

Cell _____ Home _____ Email _____

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Class Name \_\_\_\_\_

Day/Time \_\_\_\_\_ Tuition \_\_\_\_\_

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Release and Waiver

I, a parent or legal guardian of _____, being of lawful age, for and in consideration of being permitted to participate in ***Née Danse/Theatre*** classes and activities hereby release, remise, discharge, indemnify and hold harmless ***Née Danse/Theatre*** and the **Clifton Heights United Methodist Church** and its members, officers, directors, successors and assigns, and each of them, of and from any and all manner of claims, losses, costs, expenses, damages, and liabilities in connection with, resulting from, or arising from in any fashion out of his/her participation in ***Née Danse/Theatre*** classes and activities.

Signature _____

Date _____

Mail to: Née Danse/Theatre
c/o Clifton Heights United Methodist Church
111 S. Springfield Road
Clifton Heights, PA 19018