



## Children Class Registration

### Registration Information

All fees and registration **MUST** be received before your child begins class

**African Class Fee**                      **\$65/child/per session**      **\$25 annual registration fee**

#### **Class Format**

- Enter **RED** doors and proceed to 3rd fl, (stairs or elevator)
- Sign in and remain in Parent Lounge during class
- Check parent information
- No audio/video recording of any class content

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City /Zip \_\_\_\_\_

Phone during class \_\_\_\_\_ Email Address: (print legibly) \_\_\_\_\_

Physical, emotional and/or mental limitations  
\_\_\_\_\_

Any known allergies?  
\_\_\_\_\_

In Case of Emergency: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### **Liability Waiver**

I \_\_\_\_\_ (name) relieve the ThioSSane Institute, its instructors and guest artists and the Lincoln Theatre Association of any liability of any injury to my child or loss of stolen property while participating in these classes. I understand that my child is participating at my risk and I am aware of my child's physical limitations.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email, mail and make payable to**

**THIOSSANE WEST AFRICAN DANCE INSTITUTE**

**Office use only**    **Jan** \_\_\_\_\_    **Mar** \_\_\_\_\_    **June** \_\_\_\_\_    **Sept** \_\_\_\_\_