

Registration Form for Les Petits Ballets' Adult Recreational Programs

Participant's Last Name	Participant's First Name			
Street Address_	City	P	ostal Code	
Home PhoneWork I	Phone	Date of Birth	n YM	D
Contact's Last Name	Contact's First Name			
Contact Email Address:				
Medical Concerns				
ProgramLocation_	Day	of Week	_Time of Day_	
Make cheques payable to Les Petits Ballets . There is a \$15 Please date cheques: First Session - September 8, 2018 Register by Mail: Les Petits Ballets, Nepean Creative Arts Register in Person: Nepean Creative Arts Centre, 35 Staff	Second Session - Ja Centre, Unit 11-35, Staffo	nuary 7,2019	K2H 8V8	
Refunds: Full refund before class starts, less a \$10 administration fee. Refund request forms are available on Les Petits Ballets website. No refunds after 3 rd week of classes. Dress: girls: black leotard, pink tights, & ballet shoes / boys: white t-shirt, black tights & ballet shoes. Please read and sign the following statements: I, the undersigned, do hereby release Les Petits Ballets and their respectiv officers, employees, or agents thereof, from all claims of loss, injury of damage to persons and property while participating in or travelling to and from the above activity, which I, or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity	Class Fee (from First Session: Second Session:		<u>\$</u> \$	-
Participant's Signature Parent/Guardian Signature (if participant is under		Date		
Personal information contained on this form is collected und Les Petits Ballets and Ottawa Community Services adm promotional purposes.				
Note Les Petits Ballets does not send confirmations. You will be co	ntacted only if the class is r	not running.		
Where did you hear about us:				
ChatterBlock Arts Course Guide	Website	Friend	Other	