

Registration Form for Les Petits Ballets' Child Recreational Programs

Participant's Last Name	Participant's First Name			
Street Address	City	Postal Code		
Home PhoneV	Work Phone	Date of Bir	th YM	D
Contact's Last Name	Contact's	s First Name		
Contact Email Address:				
Medical Concerns				
ProgramLoc	ation	_Day of Week	Time of Day_	
Make cheques payable to Les Petits Ballets . There in Please date cheques: First Session - September 8, 2019. Register by Mail: Les Petits Ballets, Nepean Creative Register in Person: Nepean Creative Arts Centre,	Second Session ve Arts Centre, Unit 11-35, S	on - February 4,2019	, K2H 8V8	
Refunds: Full refund before class starts, less a \$10 admir fee. Refund request forms are available on Les Petits Ballets on No refunds after 3 rd week of classes. Dress: girls: black leot tights, & ballet shoes / boys: white t-shirt, black tights & ballet	website. Class Fee ((from Listings)	\$	_
Please read and sign the following statements: I, the undersigned, do hereby release Les Petits Ballets and their respective officers, employees, or agents thereof, from all claims of loss, injury or damage to persons and property while participating in or travelling to and from the above activity, which I, or any person claiming through	respective Second Ses s, injury or velling to		\$	_
me or on my behalf, may at any time have arising out of or connected with the operation of this activity		oseu.	<u> </u>	_
Participant's Signature		Date		
Parent/Guardian Signature (if participant is	under 16 years old)			
Personal information contained on this form is collected. Les Petits Ballets and Ottawa Community Service promotional purposes.		•		
Note Les Petits Ballets does not send confirmations. You w	ill be contacted only if the cla	ss is not running.		
Where did you hear about us:				
ChatterBlock Arts Course Gu	ide Website	Friend	Other	