

Registration Form for Les Petits Ballets' Adult Recreation Program

Participant's Last Name	Participant's First Name			
Street Address_	City	Postal C	Postal Code	
Home Phone 2nd Phone		Date of Birth Y	M	D
Contact Email				
Emergency Contact Name and Phone#				
Medical Concerns				
ProgramLocation	Day c	f WeekTime	of Day	
Register by Mail: Les Petits Ballets, Nepean Creative Arts Centre Register in Person: Nepean Creative Arts Centre, 35 Stafford For Refunds: Full refund before class starts, less a \$10 administration fee. Refund request forms are available on Les Petits Ballets website. No refunds after third week of classes Please read and sign the following statements: I, the undersigned, do hereby release Les Petits Ballets and		<u>Listings)</u> \$		
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 me or on my behalf, may at any time have arising out of or connected with the operation of this activity	Total Enclosed:	<u>\$</u>		
articipant's Signature	Date_			
rsonal information contained on this form is collected under the au tits Ballets and Ottawa Community Services administration. Photogr				
te s Petits Ballets does not send confirmations. You will be contacted on		•	-	. 1