

Registration Form for Les Petits Ballets' Child / Youth Recreation Programs

Participant's Last Name	Participant's First Name			
Street Address		_City	Postal Code	
Home Phone	2nd Phone	Date	of Birth Y	MD
Contact's Full Name		Contact's pho	ne#	
Contact Email Address				
Emergency Contact Name and	phone#			
Medical Concerns				
Program	_Location	Day of Wed	ekTime o	of Day
Make cheques payable to Les Petits Ba	allets. There is a \$15 service cl	narge for any NSF cheque	es.	
Please date cheques: First Session - Se				
Register by Mail: Les Petits Ballets, N	Tepean Creative Arts Centre, U	nit 11-35, Stafford Road,	Nepean, K2H 8V8	
Register in Person: Nepean Creative	Arts Centre, 35 Stafford Road	, Unit 11		
Refunds: Full refund before class so request forms are available on Les Po	-		Class Fee	e (from Listing
of classes. Dress: girls: black leotar black tights & ballet shoes.			First Session	\$
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			Second Sessi	on <u>\$</u>
in or travelling to and from the above through me or on my behalf, may at the operation of this activity	ve activity, which I, or any j	person claiming	Total Enclos	sed <u>\$</u>
articipant's Signature		Date		
rent/Guardian Signature (if partic	ipant is under 16 years ol	d)		
rsonal information contained on this form tits Ballets and Ottawa Community Service	is collected under the authori	ty of the Community Cer	ntre Board Act and	will be used for Le
te s Petits Ballets does not send confirmations	s. You will be contacted only if	the class is not running.		
There did you hear about us:	Website Frie	end Other		