

11504 W. 183rd St. #NE Orland Park, IL.

I have read and understood this statement.

Name____

708-479-3960

Date:

Registration Form

Students' Name	18		
Students Ivanie			

	¥2	Age/B-day	
	r.	Age /B-day	
	d.	Age/B-day	
7		Age/B-day	
Parent's Name		and the constraints	
Address			
City	Zip		
Home Phone	Cell		
Class	Day	Time	Price
Class_	Dar.	Time	Price
Class	Davi	Time	Price
Class	Day	Time	Price
Class	Day	Time	Price
Class	Day	Time	Price
Class	Day	Time	Price
Class	Day	Time	Price
			Registration Fee \$25.00 Yearly
Check #	Visa/MasterCard		
Signature	Exp. Date	3	Total
physical injury and I agree to any and all activities connected	cipant in the program I realize as assume the risk of injury, dama ed or associated with such progr	ages or loss which may rams. I do hereby fully	be sustained as a result of release and discharge the
which may occur to me or my	and it's officers and employees y children as a result of our part	trom any claims from icipation in the program	injuries, damages or loss ns.