
CLASS DAY & TIME

OFFICE USE

WAIVER: I, the undersigned, understand that it is required that all students be covered by his/her own family medical insurance policy. In the event injury occurs, the student's own policy will be the source of reimbursement.

I intend to be legally bound for myself, my heirs and executors, my children (adopted or otherwise). I waive and release any rights and claims for damages, injuries, or disabilities against Miss Julie's Happy Feet of the

Slate Belt, Inc. and its subsidiaries, their promoters, associates, and representatives that might be incurred before, during, or after instruction or other sponsored events by the above listed.

Please complete and sign registration form. No student shall be permitted to attend Miss Julie's Building Blocks until we receive this form, completed and signed, along with reservation fee and completed immunization form.

_____/____/____
Guardian's Signature Date

MISS JULIE'S BUILDING BLOCKS
306 Front Avenue, Roseto, PA 18013
(610) 599-3056