

Boppin' Babies

Enrollment Form

Student's Name: _____

Address: _____

Home Phone: _____ Work/Emergency Phone: _____ Email: _____

Student's age & birth date: _____

Class/Classes to be enrolled (please state class name, day, & time): _____

Please tell us where you heard about the Boppin' Babies program (check any that apply):

Flyer _____ Upper Falls Dance Academy _____ Newspaper (name) _____

Other _____

If you checked other, please explain: _____

Mailing Address & Checks payable to:

Boppin' Babies
7914 Tilmont Avenue
Baltimore, MD 21234
410-592-3814

Tuition: _____

Total Amount: _____

I hereby agree that my child can participate in the class(es) offered by Boppin' Babies. I understand it is the express intent of the Boppin' Babies program to provide for the safety and protection of the student, and with that understanding, I hereby release Boppin' Babies, its director and teachers, from all liability for personal injury, illness or property damage occurring on the facility's premises. I understand that with any physical activity there is a risk of injury and I agree not to hold Boppin' Babies instructors responsible.

Signature of Parent or Guardian _____ Date _____