

Village of Milan Recreation

Cup Cake Cuties Dance Registration form 2019

\*\*\*\*\*PLEASE READ FORM THOROUGHLY AND FILL IN ALL THE BLANKS\*\*\*\*\*

PLEASE PRINT

Childs Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone# \_\_\_\_\_ Phone# \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_ Insurance: \_\_\_\_\_

Please list any health factors which you child has, such as Asthma, Heart Conditions, Epilepsy, Diabetes, Allergic Reaction to anything.

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WAIVER FOR PARTICIPATION

In consideration of acceptance of this contract and permission to participate in Dance for the current year of 2019. I hereby, for myself, my heirs, executors, and administrator, waive and release any and all rights and claims for damages I may have against the Milan Recreation program, and all member association for any and all injuries suffered in any recreation program or practice. Upon signing this registration form I also agree to all the rules of the Milan Recreation Department.

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Parent Signature

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Date

Please write on back those allowed to pick up children with a phone #

Do you give permission for your child's picture to be posted on Face book YES/NO

