

Registration Form

Please print and complete the registration form and return it with a check made payable to Kids Moving Company. Use one form per registrant. Mail to: Registrations, Kids Moving Company, 7475 Wisconsin Avenue, Bethesda, Maryland 20814.

Please fill out all information and print clearly.

Child's Name: _____

Birth Date: _____

Parents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell: _____

Email: _____

Pediatrician: _____ Phone: _____

School: _____

Emergency Name and Phone: _____

How did you hear about Kids Moving Company?

I am registering for:

_____ ***Fall 2006 Session (September 12, 2006-January 20, 2007*) \$375***

_____ ***Fall 2006 Mini Session (November 10, 2006-December 23, 2006*) \$135***

**No classes will be held November 20-26.*

_____ ***Spring 2006 Session (January 22, 2007-May 26, 2007) \$375***

Class/Day/Time:

Total Enclosed: _____

To better enable your child to participate, please note any medical/special needs:

RELEASE AGREEMENT

Although every effort is made to provide a safe environment, I recognize there is always a risk of accident. If necessary, I authorize KIDS MOVING COMPANY to administer first aid and /or medical treatment for my child. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at KIDS MOVING COMPANY. I further release KIDS MOVING COMPANY from any and all liability and/or claims or damages arising out of personal injury of any kind. I understand that photographs taken of my child at KIDS MOVING COMPANY may be published without further notification. I understand that I am enrolling my child for the session indicated. **I have read all the information contained within and understand that there is a no-refund policy.**

Signature of Parent or Guardian: _____

Print Name: _____

Date: _____