



FOOTWORKS PAS ENROLLMENT FORM

NAME OF STUDENT _____

NAME OF PARENTS _____

STUDENT'S DOB _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

E MAIL ADDRESS _____

HOME PHONE _____

CELL PHONE _____

CAN YOU RECEIVE TEXT MESSAGES? _____

CLASS/CLASSES ENROLLING INTO:

ARE THERE ANY MEDICAL CONDITIONS WE NEED TO KNOW ABOUT?

I THE PARENT/GUARDIAN OF THE MINOR LISTED ABOVE GIVE MY PERMISSION FOR SAID MINOR TO PARTICIPATE AT FOOTWORKS IN CLASSES AND/OR ACTIVITIES RELATED TO FOOTWORKS. I ALSO ACKNOWLEDGE I WILL NOT HOLD FOOTWORKS OR ANY TEACHER/WORKER OR PARENT RESPONSIBLE FOR ANY LOSS OR STOLEN ITEMS OR INJURIES AS A RESULT OF OUR PARTICIPATION IN CLASSES OR ACTIVITIES PERTAINING TO FOOTWORKS.

Parent/Guardian Signature _____