



SAN FRANCISCO BRANCH, INC.

Enrollment Form for Children's Classes

Class Location: _____ Teacher: _____

Student: _____
(Last Name) (First Name)

Address: _____
(Street) (City) (Zip Code)

Student's Birthday: _____
(Mo. Day Year) (Present age)

Parent's Name: _____

Phone Number:(____) _____ Email _____

Emergency Contact _____ Phone # (____) _____

Please list any medical conditions/allergies that the teacher should be aware of:

Waiver and Release of Liability

I realize that having this child participate in a class sponsored by the Royal Scottish Country Dance Society, San Francisco Branch Inc., exposes them to some risk of injury from the physical activity and interaction with other participants. I understand that the class leaders will exercise care and due diligence, but, should any liability issue arise, I release the organization, its officers, instructors and helpers from all liability.

In the event of an accident or injury, if I am not present, I authorize the organizers to summon qualified medical help on my behalf.

Parent/Guardian Signature _____ Date: _____