



**ZUMBA KIDS JR® & ZUMBA KIDS®
ENRICHMENT CLASS REGISTRATION**

Shelburne Community School 2013 – 2014

January 23 – February 14 - 3:15 – 4:15

K-1 grade – Thursdays (\$55) **2-5 grade - Fridays (\$55)**

My child attends Part 2 this day

PERSONAL INFORMATION

Child's Name: _____ **Birth Date:** _____ **Grade:** M F

2nd Child's Name: _____ **Birth Date:** _____ **Grade:** M F

Parent/Guardian's Name: _____

Address: _____

Phone: C: _____ **OK to text msg? Y N** **H/W:** _____

E-mail: _____

Parent/Guardian's Name: _____

Address: _____

Phone: C: _____ **OK to text msg? Y N** **H/W:** _____

E-mail: _____

ADDITIONAL PEOPLE THAT MAY PICK UP MY CHILD(REN) / EMERGENCY CONTACTS

Name: _____ **Phone: C:** _____ **W/ H:** _____

Name: _____ **Phone: C:** _____ **W/ H:** _____

MEDICAL INFORMATION

Physician's Name: _____ **Phone:** _____

Current Medications: _____ **Allergies:** _____

Insurance Company: _____ **Policy Number:** _____

PARENT/GUARDIAN AUTHORIZATION

Signed: _____ **Date:** _____

Please make checks payable to: CSSU

Please return this form along with the cost of class to: Part 2 - SCS, 345 Harbor Rd, Shelburne, VT 05482. For more information about Zumba®, please contact Marcela Bronk at thebronks@comcast.net. For more information about signing up, please contact Lorien Leyden at lleyden@cssu.org.

Zumba® Kids Jr. and Zumba® Kids Dismissal Form

Please share with us how your child will be getting home after class. Please note that there are no buses at this time; therefore, all children will need to be picked up. If there is a change in your child's dismissal (ex. going home with another parent), please send your child in with a signed note explaining this change.

My child(ren) attend(s) Part 2 Afterschool on this day

I have arranged for my children to be picked up by: _____

Informed Consent for Exercise Participation

I desire to engage my child or children voluntarily in the Zumba® Kids and Zumba® Kids Jr. Fitness Programs at the Shelburne Community School. The Event is organized and/or instructed by Marcela Bronk and Jennifer Niles. I agree to pay all reasonable costs related to the classes, including any medical costs my child or children incur.

Agreement and Waiver / Release of Liability

I hereby authorize any additional medical treatment deemed necessary in the event of emergency or injury and hereby agree to indemnify, defend and hold harmless the above Organizers and Instructors from any and all liability, costs and expenses on account of personal injury or property damage arising from my child's participation in Zumba® Kids and Zumba® Kids Jr. Fitness Programs.

Do you grant permission to publish the likeness or image of your child for Zumba® classes at SCS? Yes No

Parent/Guardian Signature:

_____ Date _____

Parent/Guardian Name (please print):
