

# **KATHRYN ROSZAK**

## **DANSE LUMIERE**

6334 Kensington Avenue  
Richmond, CA 94805  
(510) 233-5550

Summer 2010

**IMPORTANT: PLEASE FILL OUT THE ENTIRE FORM**

Circle all that apply-

Week 1 starting 7/12

Week 2 starting 7/19

Week 3 starting 7/26

Child Name:

Birthdate:

Address:

Zip Code:

Parent Name:

Telephone:

E-mail:

Emergency contact: IMPORTANT-we must have current/working phone numbers:

1. Your own Emergency Contact :

2. Another local Parent for Emergencies:

3. Responsible Person Outside the Area: :

How did you hear about our program?

Name of Doctor/Phone:

Please answer the following questions, explaining all "yes" answers fully on another sheet, so we can better serve your child:

Does your child have any special physical, behavioral, medical, or other needs?:

If yes, please describe and contact program director

Does your child have any allergies:

How did you hear about our program?

### **Waiver:**

I understand that Kathryn Roszak does not assume any liability for her classes. I understand that dance is a physical activity and that my child is in good health for that activity. I agree to inform the instructor of any special concerns or conditions regarding the health of my child. I agree that my child may appear in photos/video promoting the program.

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Signature/Date