

## Dee's Dolls Registration Form

**Student's Name:** \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School: \_\_\_\_\_

Eustis Heights Only – Do you want your child to be picked up from ELC for twirling? – Circle Yes or No

How did you find out about twirling lessons? \_\_\_\_\_

### Parent or Guardian Information:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_ Who has permission to pick  
your child up from class? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Child's Medical Information: Allergies \_\_\_\_\_

Child's Medical Problems: \_\_\_\_\_

### Release Agreement

In consideration of your accepting this registration, I hereby release Dee's Dolls LLC and/or Dee Ann Wilson from any responsibility or all liability for personal injury or illness during my child's participation in twirling lessons or performance events, regardless of how caused. I understand that my child will be participating in the physical activity of twirling and twirling may cause injury. I certify that my child is in good health and is capable of participating in the enrolled classes and performances. I grant permission for my child to receive emergency medical treatment. I give permission for Dee's Dolls to use photographs and/or video of my child taken at lessons and/or performances in print and/or electronically, including posting on the Dee's Dolls website. I give permission for the Dee's Dolls to use the parent's e-mail as part of an e-mail group and/or the parent's cell phone number as part of a group text.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_