Participant Name _____ Age _____
Parent/Guardian Name _____ Relation _____
Address _____City _____ Zip _____
Phone Number _____ Email _____
EMERGENCY CONTACT
Name _____ Phone Number _____
Does the participant have a physical disability that requires accommodation under the terms of the ADA/504? _____

SESSION #	CLASS TIME	INSTRUCTOR	FEE
		TOTAL FEE	

Payment method CASH CHECK

Signature _____
Date _____

LIMITED REFUNDS AVAILABLE ON A CASE TO CASE BASIS. NO REFUNDS ARE PERMITTED AFTER THE CLASS STARTS. By signing above you accept the refund policy and release LISD from any and all responsibility in case of accident.

FOR OFFICE USE ONLY
Receipt #_____
Check #_____

Receipt #_____
Check #_____

Receipt #_____
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