



dizzybus

DIZZY'S BUS STOP PREK ENRICHMENT CLASS

PERMISSION SLIP AND REGISTRATION FORM

Please complete and sign the permission slip below. You may return completed form to Dizzy's Bus Stop or fax to (425) 458-4570.

2 Days/Week—\$128/month

3 Days/Week—\$180/month

4 Days/Week—\$240/month

Student's Name _____

Nickname _____ M/F _____

Address _____

Age _____ Birthdate _____

City _____ Zip _____

Siblings & Ages _____

Parent/Guardian's Name (1) _____

Home Phone # _____

Parent/Guardian's Name (2) _____

Work Phone # _____

E-mail* _____

Cell # _____

***Please provide us with your e-mail address so we can keep you informed about any class changes. Your email information will not be shared with others.**

Does your child have any allergies or medical conditions that we need to be made aware of? If so, please list below: _____

I understand that a risk is involved with participation in gymnastics and related activities which requires adherence to all rules of Dizzy's Tumblebus & Bus Stop. I, the undersigned parent/guardian, release Dizzy's Tumblebus & Bus Stop, its officers, instructors and coaches from all responsibilities and all claims for injuries received while participating or practicing gymnastics and its related activities.

Parent/Guardian Signature _____ Date _____

Print Name _____