

Leilua Hula

Student Registration Form

Please state which day your child will attend their weekly class.

Tues
Wed
Thurs

Student Name _____ Age _____ Birthdate _____

Parent Name (if student is under 18) _____

Street Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____ Work # _____

E-mail Address _____

How did you hear about us? _____

*Emergency Contact: Name _____ Relationship _____ Phone # _____

*In case of any emergency where Emergency Contact cannot be reached and time is of value, local paramedics or hospital will be contacted to administer medical attention, unless student has stated otherwise herein.

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I certify that at the present time my child and/or I are physically able to take the classes for which he/she has enrolled. Leilua Hula and its instructors are not liable for personal injuries or loss of, or damage to personal property. Each student may decline to participate in any activity. I give permission to Leilua Hula to photograph myself or my child(ren) participating in the programs for use in a future publicity, including printed materials or website, and understand that I will not receive any compensation for such use.

***I have received a copy and read Leilua Hula Policy and accept conditions. *Initial* _____**

Signature _____ Date _____