

# McINTYRE PTSO KIDS OF STEEL

## STUDENT REGISTRATION INFORMATION

Last Name		First		Age		Grade		School	
-----------	--	-------	--	-----	--	-------	--	--------	--

## CONTACT INFORMATION

Address									
Cell Phone				E-mail Address (please include)					
Parent/Guardian Name #1				Parent/Guardian Name #2					

## EMERGENCY CONTACTS (who are available during the time your child participates in Kids of Steel)

Name #1		Phone Number		Name #2		Phone Number	
---------	--	--------------	--	---------	--	--------------	--

## CLASS ENROLLMENT: STUDENT TO ENROLL IN THE PROGRAM

1.	2.
3.	4.

## PARENT/GUARDIAN CONSENT

*I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ give permission for my child to participate in the McIntyre Elementary School PTSO Kids of Steel Program on Tuesdays during the 2018-2019 school year. I agree to release, indemnify and hold harmless the McIntyre PTSO, its members and its instructors, from any and all liability for personal injuries and/or personal property damage or loss in connection to the McIntyre PTSO Kids of Steel Program. I have read and understand the dance program's expectations for conduct.*

*As the parent or guardian of the above named child, I give my consent for emergency medical treatment, if necessary, to preserve life, limb or well-being of my child. Such actions are subject to the terms of this release.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# McINTYRE PTSO KIDS OF STEEL

## STUDENT REGISTRATION INFORMATION

Last Name		First		Age		Grade		School	
-----------	--	-------	--	-----	--	-------	--	--------	--

## CONTACT INFORMATION

Address									
Cell Phone				E-mail Address (please include)					
Parent/Guardian Name #1				Parent/Guardian Name #2					

## EMERGENCY CONTACTS (who are available during the time your child participates in Kids of Steel)

Name #1		Phone Number		Name #2		Phone Number	
---------	--	--------------	--	---------	--	--------------	--

## CLASS ENROLLMENT: STUDENT TO ENROLL IN THE PROGRAM

1.	2.
3.	4.

## PARENT/GUARDIAN CONSENT

*I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ give permission for my child to participate in the McIntyre Elementary School PTSO Kids of Steel Program during the 2018-2019 school year. I agree to release, indemnify and hold harmless the McIntyre PTSO, its members and its instructors, from any and all liability for personal injuries and/or personal property damage or loss in connection to the McIntyre PTSO Kids of Steel Program. I have read and understand the dance program's expectations for conduct.*

*As the parent or guardian of the above named child, I give my consent for emergency medical treatment, if necessary, to preserve life, limb or well-being of my child. Such actions are subject to the terms of this release.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_