

REGISTRATION INFORMATION WAIVER OF RESPONSIBILITY PHOTO RELEASE

Series Fee is due at time of registration. Our Refund policy is as follows: up to 15 days prior to start date = 100%, less than 15 days = 75% refund.

The JJ Esoteric Foundation, Inc. reserves the right to cancel any class due to insufficient enrollment at which time a refund will be given for the cancellation. Registration for any camp is not considered complete until payment is received in full. Families with more than one child registering will pay full tuition for the first child and then will receive 20% off the tuition for each additional sibling.

I, the undersigned, do agree to release and hold harmless of all liability the JJ Esoteric Foundation, its officers, employees, and volunteers, from any claim, demand, or cause of action for injury to the above name participant (s) or damage to her/his personal property which arises out of or is in any way connected with the JJ Esoteric Foundation programs and hereby acknowledge that you are knowingly and voluntarily assuming full responsibility for all risks of physical injury arising out of active participation in our classes and any other related activities. The JJ Esoteric Foundation will not be responsible in case of accident, illness, injury, or property damage. I give permission to JJ Esoteric Foundation to photograph my child and use these photos for marketing purposes, including brochures, advertisements, website, and articles. I fully understand all information stated above.

Parent or Guardian Signature

Date

Office Use: Recd: _____ Date: _____ Roster: _____

Attendance: _____ Supplies _____

SOUL-FULL REGISTRATION 2010

SESSIONS: _____ June or _____ July
check one please

Child's Name: _____

DOB _____ Age By June 1 _____

Address _____

City _____ Zip _____

Parent/Guardian's Name: _____

Best Phone: _____

Email: _____

Alternate Phone: _____

EMERGENCY CONTACT INFORMATION

Physician's Name: _____

Phone: _____

Allergies/Conditions: _____

Emergency Contact: _____

Relation: _____

Phone: _____

Authorized Pick Up List– Children will be Released to the parent/guardian or names listed

Name Phone Relation

Name Phone Relation

Name Phone Relation