			DOB		GENDE	ER	М	F
Parent Name			Child Class	s/day time.				
Phone number	Home:	Cell:	Work:	Email:				
Address				City			Zip code	
Does your child hav	e any allergies or r	medical conditi	ions we should	be aware of?		Yes	No	
Please explain:				Tylenol/A	lenol/Advil		No	
Name:	Phone	e:	Name:	Phone:				
Fmerg	ency contact primary			Emergency cont	act second	arv		
or other injury from any an Academy. I acknowledge a my permission to the above for my child. This care may voluntarily without inducer and conditions, and I acknowledge acknowledge in the conditions of the con	Il the risks on his/her bel e named program to obta be given under whateve nent for myself and on be	half and likewise ass ain medical and/ or o er conditions necessa ehalf of my child. E	ume all responsibility dental care prescribed ary to preserve the lif By signing this docume	for any injury or d d be a duly licensed e, limb, or well-bei	amage tha physician ng of my cl	t might o (M.D.), Os hild. Tagr	ccur. In case of steopath (D.O.) ee to the abov	emergency, I give , or dentist (D.D.S e terms freely and
Signature	ignature			Print name		I	Date	PLD VOICES
							Sug	se immersion to
Childs Name			DOB		GENDI	ER	M	F
				s/day time.	GENDI	ER	M	F
Parent Name	Home:	Cell:		s/day time.	GENDI	ER	M	F
Parent Name Phone number	Home:	Cell:	Child Clas		GENDI	ER	M Zip code	F
Parent Name Phone number			Child Clas	Email:	GENDI	ER Yes		F
Parent Name Phone number Address			Child Clas	Email:			Zip code	F
Parent Name Phone number Address Does your child hav		medical conditi	Child Clas	City be aware of?	Advil	Yes	Zip code No No	F
Parent Name Phone number Address Does your child hav Please explain: Name:	e any allergies or r	medical conditi	Child Clas Work:	City be aware of?	Advil	Yes Yes Phone:	Zip code No No	F
Parent Name Phone number Address Does your child hav Please explain: Name:	Phone ency contact primary epresentative, I hereby not all claims, demands, coil the risks on his/her behamed program to obtain the given under whatever conent for myself and on be	e: my child attend WVS sts, expenses, and coalf and likewise assumedical and/ or den conditions necessary ehalf of my child.	Name: D Fall program. I will ompensation, as well ime all responsibility fital care prescribed be to preserve the life. By signing this docum	Emergency cont not hold World Voi as WVSD independ for any injury or dar e a duly licensed ph limb, or well-bein	Advil act second ices San Dient instruction age that rysician (M. g of my ch	Yes Yes Phone: ary ego, WVS tors and conight occurrence occur	No No No In liable of any other participar ur. In case of enopath (D.O.), or ee to the above	accidents, physicants'/OTA Old Townergency, I give mere dentist (D.D.S) for e terms freely an
Please explain: Name: Emerg As a parent or authorized r or other injury from any an Academy. I acknowledge al permission to the above namy child. This care may be voluntarily without inducer	Phone ency contact primary epresentative, I hereby not all claims, demands, coil the risks on his/her behamed program to obtain the given under whatever conent for myself and on be	e: my child attend WVS sts, expenses, and coalf and likewise assumedical and/ or den conditions necessary ehalf of my child.	Name: D Fall program. I will ompensation, as well ime all responsibility fital care prescribed be to preserve the life. By signing this docum	Emergency cont not hold World Voi as WVSD independ for any injury or dar e a duly licensed ph limb, or well-bein	Advil act second ices San Dient instruction age that rysician (M. g of my ch	Yes Yes Phone: ary ego, WVS tors and condition D.), Oster ild. I agrid condition	No No liable of any other participar ur. In case of en opath (D.O.), or ee to the above ons on WVSD w	accidents, physicants'/OTA Old Townergency, I give mere dentist (D.D.S) for e terms freely an