

Alaska's Broadway Kidz!

ENROLLMENT, ACKNOWLEDGEMENT & MEDICAL RELEASE

Activity Title: <small>(example: fall 2004; Broadway Baby Camp)</small>		Activity Date and Time: <small>(example: June 10th thru June 24th,2004; 9a to 1p)</small>	
Kidz Name:		Age	Grade & School
Mother's or Guardian's Name			
Mailing Address			
E-mail Address		Home Phone #	Cell Phone #
Employer		Work Phone Number:	
Father's or Guardian's Name			
Mailing Address			
E-mail Address		Home Phone #	Cell Phone #
Employer		Work Phone Number:	
Emergency Contact Information	Name & Relation:	Home or Work Phone	Cell Phone
	Name & Relation:	Home or Work Phone	Cell Phone
Any Known Health Problems?			
Medication?			

- I hereby enroll the above child(ren) in the Alaska's Broadway Kidz! program. **I understand that all fees are non-refundable.** If there are any outstanding debts, the above listed child(ren) will be unable to participate in upcoming events and classes.

- In the event of injury, I direct that the above listed be referred to any appropriate and convenient health care facility, or to: _____.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

Please send payment by **check only** identifying child's name on memo line to:
Alaska's Broadway Kidz
 7730 Canal St.
 Anchorage, AK 99502

Watch www.BroadwayKidz.com for important updates and information
Limited Scholarships are available. Please contact Jill Bess or Suzanne Schell for Application.
 IF YOU HAVE ANY QUESTIONS, PLEASE CALL Jill - 562-0302 or Suzanne - 245-5758