



SIGN UP!

Contact Information:

Child's Name _____ Age _____ M/F _____

Child's School _____ Child's Classroom _____

Address, City, Zip (Zip Required) _____

Email Address _____ Phone Number _____

Health Disclosure (Any issues regarding your child's participation) _____

Enrollment Information:



Equipment Information (Optional):

A yoga mat is required for participation. You may provide your own or purchase one from us. Please check one:

- \$50 – Dance Uniform (leotard, tights, shoes and Little Diva Dance bag)
- \$16 – Yoga Mat

Payment Information:

- I have enclosed a check (Checks payable to LAUNCH YOUR KID. Write child's name in memo section.)
- I authorize LAUNCH YOUR KID to auto bill the card listed below
 - Visa MasterCard

Credit Card Number _____ Expiration Date _____

Name as it appears on card _____ Billing Address Zip Code _____

Start Billing _____ End Billing _____

_____/_____/_____ With Written Cancellation

Specified Ending Date ____/____/____

Parent/Guardian Signature and Date _____