



HIP HOP DANCE PARTY

**April 2, 23, 30. May 7, 21, 28, June 4, 2015
HELD AT BREWSTER SCHOOL**

<p style="text-align: center;">Durham Recreation Office 860-343-6720 Mail to Durham Recreation P.O. Box 428 Durham Ct. 06422 Or Register at the Town Clerk's Office</p>	<p>CHECK SESSION INTERESTED IN:</p> <p>SESSION 1 (GRADES K-2) 3:45PM - 4:30PM (k-2 should bring snack to eat before class) SESSION 2 (GRADES 3-4) 4:45PM - 5:45PM</p>
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(CHILD) LAST NAME _____ FIRST NAME _____

ADDRESS _____

BIRTH DATE _____ M _____ F _____ CELL _____

MOTHERS NAME _____ FATHER'S NAME _____

E-Mail _____ PHONE# _____

EMERGENCY CONTACT _____ PHONE# _____

FEE: \$85 Check # _____ Check Amount _____

Please list any medical problems concerning your Child/Student, including allergies or medications:

I hereby give permission for the above Student to participate in the Durham Recreation Hip Hop dance program sponsored by the Durham Recreation Department. I certify that he/she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Durham Recreation staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities.

Parent Signature _____ Date _____