



Registration

Please complete this form and mail it with complete payment (*checks payable to Beth Barbaro*) to: **Wee Got the Beat!** 10890 Murray Downs Ct, Reston, VA 20194. Confirmation of registration will be sent by email.

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Child(ren)'s Name(s) and Age(s) _____

Who will be attending class with child? _____

Session Start Date/ Day of Week _____ Time _____

****Sign Up With a Friend & Save****

Save \$10 each when you & a new friend register at the same time. Note: Cannot be combined with any other offer or discount.

Total Enclosed _____

How did you hear about us? _____

Terms: Refunds are available after first class only. Missed classes may be made up at any other regularly scheduled class during the same session. **Wee Got the Beat!** reserves the right to cancel any class due to low enrollment. If FCPS are closed/delayed due to inclement weather, classes will be cancelled. Photos may be used for promotional purposes.

I, the undersigned, assume full responsibility for the safety and behavior of myself and each accompanying family member and guest. I agree to hold **Wee Got the Beat!**, its owner, instructor, members, and premises, harmless from any and all liability for property damage, harm or bodily injury, which may result from my participation or the participation of my family members and guests.

I understand and agree to the above conditions.

_____ Date _____