



556 – 124th Avenue NE
Bellevue, WA 98005

Tel 425.401.9874
Fax 425.865.9093

info@threecedarswaldorf.org
www.threecedarswaldorf.org

2015–2016 Eurythmy Troupe: Block 3 Registration Form | Grades 2 – 8

Please register my student for **Block 3** of the 2015–2016 Three Cedars Waldorf School Eurythmy Troupe.

- ☐ I hereby authorize my student to remain at school for the Eurythmy Troupe.
- ☐ I acknowledge that it is my responsibility to pick up my student in Trillium Hall **no later than 4:15 PM** on Mondays unless he or she is previously registered for after-school care.

Block 3 Program Schedule: Mondays January 25 and February 1, 8, and 22, 3:10 – 4:15 PM in Trillium Hall

Please complete and return the following documents to the office **by Friday, January 22, 2016:**

- ☐ Registration form (page 1)
- ☐ Waiver (page 2)
- ☐ Payment of the **\$60 registration and program fee**
- ☐ I am interested in helping with costumes
- ☐ I am interested in helping with snack

Participant Name

Grade

Parent Name (please print)

Parent Signature and Date

Office Use Only	
Date received	
Payment amount	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____



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2015–2016 TCWS Eurythmy Ensemble Waiver | Grades 2 – 8

I, the undersigned, agree to release, defend, hold harmless and indemnify Three Cedars Waldorf School, its directors, agents, and employees, ("the Releasees"), including, but not limited to, its officers, employees, and instructors, from all actions, causes of action, damages, claims or demands of negligence, except those of gross negligence and/or intentional or reckless wrongdoing, which the undersigned or any successor may have against the Releasees, for all personal injuries, property damage, or other types of loss or damage of any kind, whether or not presently known or contemplated, which may be incurred by the student during this activity.

The undersigned acknowledges having read this Waiver and understands all of its terms and significance, that he/she has legal authority to provide consent for the student named below, and that this Waiver is executed voluntarily for the purpose of broadening the educational experience of the below-named student.

Participant Name

Grade

Parent Name (please print)

Parent Signature and Date