



556 – 124th Avenue NE
Bellevue, WA 98005

Tel 425.401.9874
Fax 425.865.9093

info@threecedarswaldorf.org
www.threecedarswaldorf.org

2014–15 Eurythmy Ensemble Registration Form | Grades 2–8

Please register my student for the 2014–15 Three Cedars Waldorf School Eurythmy Ensemble.

- ☐ I hereby authorize my student to remain at school for the Eurythmy Ensemble course.
- ☐ I acknowledge that it is my responsibility to pick up my student in Trillium Hall **no later than 4:00 PM** on Mondays unless he or she is previously registered for after-school care.

Session 1 Program Schedule: Mondays, 3:05 – 3:55 PM

January 26 • February 2, 9, 23

Please complete and return the following documents to the office **by Friday, January 23, 2014:**

- ☐ Registration form (page 1)
- ☐ Waiver (page 2)
- ☐ Payment of the **\$50 registration and program fee**

Payment

Please enclose the full \$50 payment for the Eurythmy Ensemble.

- ☐ Cash ☐ Check # _____ payable to TCWS

Student's Name

Grade

Parent's Name

Date

To register, please return completed forms to:

Three Cedars Waldorf School
Attention: Eurythmy Ensemble Registration
556 – 124th Avenue NE Bellevue, WA 98005



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2014–15 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.

Student's Name

Grade

Parent Name (please print)

Parent Signature

Date