



## OTB FIELD CLASS STUDENT INFORMATION FORM

Class Location/City: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Baby/Child's Name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

**Full Session: Y/N Host Rate: Y/N Day Pass: Y/N Twins: Y/N**

*Please be aware we do not offer refunds. There are no exceptions.*

Please notify us if your child has an allergy, medical condition, or any type of emotional, mental or physical restriction that may prohibit them from participating in class.

I give my permission to "Outside the Box" to use photos/video of my baby during classes for

Marketing/promotional uses (Facebook):

\_\_\_\_\_ Please initial

I have received a Property Liability Form:

\_\_\_\_\_ Please initial