



Casa Esperanza

Registration Form for Adult Programs

Participants Name: _____

Address: _____

Phone # (____) _____ - _____

Emergency Contact (____) _____ - _____

Date of Birth: _____

Special Needs: _____

Authorization of emergency medical treatment: I hereby give permission to Casa Esperanza to request necessary medical treatment and transportation for me in the event of an emergency.

Initials _____

Photo release: I hereby give my permission for my picture to be used by Casa Esperanza's publications and/or promotions.

Initials _____

Participants Signature: _____ **Date:** _____



Casa Esperanza

Registration Form for Adult Programs

I would like to participate in the following programs:

Programs:

- Sewing
- Knitting
- Zumba
- Parenting Class
- Women's Wellness
- Nutrition Class
- _____
- _____
- _____
- _____