

## REGISTRATION 2023-2024

Student \_\_\_\_\_ Sewing School Experience  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  None  
Emergency \_\_\_\_\_  \_\_\_\_\_ years  
name & number  \_\_\_\_\_

### Parent/Guardian information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

### Hold Harmless Agreement

We, the undersigned, agree to hold Karen Hoppe harmless and not liable for any accidents that might occur to our child while attending sewing classes. We understand that she will do her best to prevent accidents from happening.

\_\_\_\_\_

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