



Signing Times Registration Form -*Registration is REQUIRED by 1/10/12* For Infants, Toddlers, Preschoolers & Parent

CHILD'S NAME: _____ DATE OF BIRTH _____

PARENT'S NAMES: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

CELL PHONE: (____) _____ EMAIL _____



WHAT: American Sign Language – 6-week Signing Times Class
WHEN: Tuesdays, 10-11 am
DATES: January 17- February 21, 2012
INSTRUCTOR: Kimberly Fries, speech and language pathologist
COST: \$50 DSACF members, \$75 nonmembers
Drop in rates also available

Please mail/fax to: DSACF, 204 N. Wymore Rd., Winter Park FL 32789; FAX 407.478.5692

Payment may be made online at www.dsacf.org (click on Make a Donation and include "Signing Times" in comment field)

Waiver: in consideration of me and/or my minor child being permitted to participate in Sign and Play, I hereby -- for myself, my heirs and personal representatives -- assume any and all risks which might be associated with the event(s). I further waive, release, discharge and covenant not to sue the Down Syndrome Association of Central Florida, its officers, board members, employees, volunteers, or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself, accompanying persons and/or my minor child or children as a result of taking part in the events and any related activities. I also authorize the use by DSACF of any photo, film or videotape taken of me or any minor child at the event.

Parent Signature: _____

Date: _____