



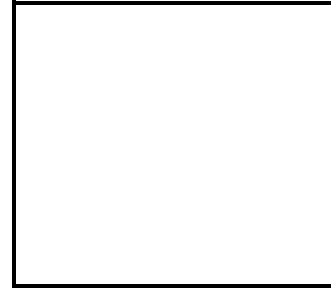
****For MMLA use only: R () 1Q () 2Q () 3Q () 4Q ()**

**Student Enrollment & Waiver Form for Marathi Shalla
Shakha**

PARTICIPANT INFORMATION:

*Name: _____
*Age (DOB) _____
*Parent's Name: _____
Address: _____

Phone: _____
Email: _____



Allergies:
(if any) _____

Ailments/Disabilities:
(if any) _____

EMERGENCY CONTACT INFORMATION:

*Name: _____
Phone: _____

MEDICAL INSURANCE INFORMATION (Optional):

Company Name: _____
Subscriber Number & Group Number: _____
Physician's Name/Phone: _____

RELEASE OF LIABILITY

I understand that "Marathi Shalla" is offered and operated by Maharashtra Mandal of Los Angeles (MMLA), 501(c)(3) Non-Profit Organization. I am enrolling my child to participate in "Marathi Shalla" at _____ Shakha at my own free will. I agree that all the information included on this form is true to best of my knowledge.

* Name of Parent (Print) * Signature of Parent *Date

** Mandatory*
*** Fill a new form after first 4 quarters.*