

**BEACH DANCE SCHOOL
REGISTRATION FORM**

NAME (Please Print): _____

DATE OF BIRTH: (M \ D \ Y) _____

PARENTS (GUARDIANS): _____

TEL#(HOME): _____ (CELL): _____

ADDRESS: _____

E-MAIL: _____

IN CASE OF EMERGENCY CONTACT: _____

LIST OF ANY ALLERGIES: _____

DANCE EXPERIENCE: _____

EXAMS\LEVELS COMPLETED: _____

LIABILITY WAIVER

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a potential risk of physical injury. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Beach Dance School classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Beach Dance School, its owners, employees, volunteers, assistants, guest artists, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss or injury to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Beach Dance School. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Beach Dance School, its owners, employees, volunteers, assistants, guest artists and/or students liable for such damage, loss or injury. I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted to Beach Dance School to use photographs of students for publicity purposes.

I have read and agree to comply with the Guidelines and Policies set forth by *Beach Dance School*.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Class Day / Time _____

Discounts _____ Method of Payment _____

Registration fee _____ Costume dep. _____

Chq# _____

Notes _____

