



2010-2011 Student Registration Form

Student Name: _____ DOB: _____ Age as of 9/1: ____ Gender: M F

Address: _____ City: _____ NY Zip: _____

Home Phone: _____ School: _____ Grade in Sept.: _____

Mom's Name: _____ Dad's Name: _____

Mom's Cell: _____ Dad's Cell: _____

Email Address: _____ Student's Cell: _____

List any health concerns, medications, allergies: _____

Emergency Contact: _____ Phone: _____

Class Schedule – Be sure to copy schedule for your records and include this form with your tuition payment.

<u>Class</u>	<u>Day</u>	<u>Time</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

If New Student Previous Dance Experience

# Years	Location	Type of Dance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about us? _____

I release Broadway Dance Academy & Performing Arts (BDA), its staff and teachers of any liability for accident or injury that may occur while attending dance class or other related activities at the studio.

I also authorize BDA to use my child's image in photography &/or video for web site, brochures, videos or promotions. I understand that students will not be compensated in any way for the use of these images and that the student's names will not be used without additional consent.

I have read completely, understand fully, and agree to the STUDIO POLICIES and above Release.

Signature _____ Date _____
 (Parent or Guardian name)