



Registration Form

Dancer's Name: _____ Birthdate: _____

Class Registering For: _____ Day/Time: _____

School Name and Grade Level of Dancer: _____

Dancer's Name: _____ Birthdate: _____

Class Registering For: _____ Day/Time: _____

School Name and Grade Level of Dancer: _____

If new to the studio, please list any previous dance experience: _____

Contact Information:

Address: _____ City and Zip Code: _____

Parent/Guardian Names: _____

Home Phone: _____ Work or Cell Phone: _____

Please List Two Emergency Contacts:

Name: _____ Phone Number: _____

Relationship to dancer: _____

Name: _____ Phone Number: _____

Relationship to dancer: _____

Are there any physical problems, illnesses, allergies, past injuries or special needs that we should know about in order to better serve your child?

Participant Liability Waiver and Hold Harmless Agreement:

As a participant or participant's parent/legal guardian, I understand that by participating in any class, rehearsals, or performance, there is a possibility of physical injury. I, therefore, agree to assume all risks of such injury which might occur during any classes, rehearsals or performances of Miss Becky's Dance Studio or any related Miss Becky LLC activity. I agree to waive any and all claims I may have arising out of, connected with, or in any way associated with the activities of Miss Becky's Dance Studio.

I do hereby fully release and discharge Miss Becky's Dance Studio, Miss Becky LLC, its owners, employees, assistants, volunteers, and instructors from any and all claims from injuries, damage, or loss which I or my minor child may have or which may occur as a result of participation in Miss Beck's Dance Studio activities.

Signed _____ Date: _____

Parent, Guardian or Student over 18 years of age