

B. Sharp School of Dance
Summer Registration 2015
July 6-August 15
(702) 788-0159

STUDENT INFO

Student's Name: _____ Circle: M F

Birth Date: _____/_____/_____ Age: _____ School Grade:

Medical Conditions/Medications we should be aware of:

GUARDIAN INFO

Guardian Name(s):

Mailing Address:

City, State, Zip:

Home Phone: _____ Cell Phone:

Email:

Emergency Contact Name & Number:

Relationship to Student:

Persons authorized to pick up child other than parent/guardian:

Name: _____ Phone:

Name: _____ Phone:

Please call ahead or send a note to class with your child if someone other than parent/guardian or authorized persons on this form will be picking up your child from class or a studio function.

CLASS INFO

Class: Day: Time:

- 1. _____
—
- 2. _____
—
- 3. _____
—
- 4. _____
—

- 5. _____
—
- 6. _____
—
- 7. _____
—
- 8. _____
—

Payment Method: Cash Check MasterCard Discover Visa

CC #: _____ Expiration: _____ Zip Code: _____

Amount Due: \$ _____

DISCLAIMER

I, _____, the parent or guardian of _____ hereby agrees that I have read and understand all policies and I understand that B. Sharp School of Dance, owner, employees, and teachers are not responsible for any personal injury or loss of personal belongings while on premises or any studio related events. You and your child's safety are of the utmost importance and will never be compromised at B. Sharp School of Dance. I agree to assume any financial responsibility for any acts of vandalism or property destruction instigated or caused by my child. I will hold my own insurance if I wish to do so and will not hold B. Sharp School of Dance liable for any injuries or accidents. I understand that photographers and or videographers may sometimes be present during classes and rehearsals and we give B. Sharp School of Dance the irrevocable right to use photos or footage for advertising or promotion.

Parent/Guardian Signature: _____ Date: _____

Student Signature if over 18: _____ Date: _____