

Barrington Dance Academy

Registration Form

Student's Name: _____ Birthdate: ____/____/____

Parents' Names: _____ 1st Phone: _____

Address: _____ 2nd Phone: _____

_____ Email: _____

Name of Student's School: _____

Class(es):	Description	Day	Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

New Students:

How did you hear about us?

Friend: _____

Internet: _____

Mailer: _____

Other: _____

To avoid disappointment, please register before the first week of class. Please turn card over to complete

Please read and sign:

As a voluntary participant, I recognize and acknowledge that there are certain risks of injury associated with any form of physical activity, including this activity. I affirm that my child has no physical, mental, or medical condition that to my knowledge would endanger my child or others if my child participates. I agree to assume the full risk of injuries, damages, or loss that my child may sustain as a result of participation. I hereby acknowledge that I understand the risks of participation and release and discharge Barrington Dance Academy, the Barrington Youth Dance Ensemble, and its respective directors, insurers, employees, and representatives from any claims.

Signature (Parent or Guardian): _____ Date: _____

I have read the Studio Regulations (Initial): _____

\$10.00 New Student Registration Fee Enclosed:

Photo Release (please initial):

I agree that my child's image may be used in BDA marketing materials, including print & internet. _____

I do not agree. _____

REGISTRATION MAY BE DROPPED OFF OR MAILED TO

BARRINGTON DANCE ACADEMY

758 W NORTHWEST HIGHWAY, BARRINGTON, IL 60010

PHONE: 847-382-6333 FAX: 847-382-6334 EMAIL: BARRINGTONDANCE1@GMAIL.COM