

Barrington Dance Academy

Registration Form

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

Parents' Names: _____ 1st Phone: _____

Address: _____ 2nd Phone: _____

Email address for billing: _____

Name of Student's School: _____

<u>Class Name</u>	<u>Day</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

New Students: How did you hear about us?

Referred by a friend: _____ Internet Mailer Other: _____

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 by 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 discharge Barrington Dance Academy, the Barrington Dance Ensemble, and it's respective directors, insurers, employees, and representatives from any claims.

My student's photo or video image may be used in BDA marketing materials, including print and internet. I have read BDA's Studio Regulations.

Signature (Parent or Guardian): _____ Date: _____

\$10 New Student Registration Fee enclosed:

BDA accepts payments via cash or check.

Registration may be dropped off, mailed, or emailed to:

Barrington Dance Academy
758 W Northwest Highway, Barrington, IL 60010
barringtondance1@gmail.com
847-382-6333