

STUDENT INFORMATION

STUDENT 1 NAME		
STUDENT 2 NAME		
STUDENT 3 NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE NUMBER		STUDENT CELL PHONE NUMBER (IF ANY)
DATE OF BIRTH		AGE
MOTHER'S/GUARDIAN 1'S NAME		FATHER'S/GUARDIAN 2'S NAME
BEST CONTACT NUMBER		BEST CONTACT NUMBER
EMAIL ADDRESS		EMAIL ADDRESS
IF NEW STUDENT, HOW DID YOU HEAR ABOUT US?		

ACKNOWLEDGEMENTS

<input type="checkbox"/>	<p>REGISTRATION, TUITION, & POLICIES: I have read and understand the tuition information and the policies fo BE School fo Dance/Ballet Etudes. I agree to abide by the teams set forth in said document.</p>
<input type="checkbox"/>	<p>WAIVER OF LIABILITY: I, the undersigned parent or guardian do hereby agree to allow the individual(s) named herein to participate in this activity/program and I further agree on behalf of myself and my minor child/children/ward (s) to release, indemnify, defend, and hold BE School of Dance, its agents, employees, independent contractors, and volunteers, harmless from and against any and all liability for any injury which may be suffered arising out of , or in any way connected with, participation by the aforementioned individual(s) in this activity/program. I, on behalf of minor child/ward, agree to participate in this activity knowing that it may involve risk of serious injury, and that accidents may occasionally occur during this activity, and thus assume any and all such associated risks. This waiver, release, and assumption of risk discharges BE School of Dance/Ballet Etudes, its agents, employees, independent contractors, and volunteers from any and all liability arising out of, or connected in any way with, participation in this activity by the individual(s) named herein. This waiver, release, and assumption of risk binds my heirs and assigns, and those of the aforementioned individual(s).</p>
<input type="checkbox"/>	<p>PHOTOGRAPH CONSENT (OPTIONAL): I, the undersigned parent of guardian of the individual(s) named above, hereby grant permission to BE School of Dance or its authorized agents to take photographs and/or digital images/video of the individual named above in the studio sponsored activities, classes and events. I hereby acknowledge and consent to use of the aforementioned individual's name, voice, photograph, video, and/or likeness on the BE School of Dance/Ballet Etudes website, Twitter, Instagram, Facebook, as well as all advertising, marketing, and instructional materials.</p>
PARENT/GUARDIAN SIGNATURE:	
DATE:	

