

# Bring a Friend to Dance Week (Jan 21-25)

Your friends will not only get to watch your dance class, they will also get a chance to participate! All friends will be expected to follow our general studio rules and most importantly, be respectful to all of our students and staff members. As a reminder, this is **not** an observation class for parents.

Please have your friend and their parent/guardian complete the form below and hand in to the instructor at the start of class.

As always, if you have any questions, please feel free to call the studio at 920.499.6560

Thank you!

Barb's Centre for Dance  
2250 Holmgren Way  
Green Bay, WI 54304

Please detach and return the registration form to the studio.

## **Bring a Friend to Dance Waiver Form BARB'S CENTRE FOR DANCE, INC.**

**BCFD Student Name** \_\_\_\_\_

### **Friend's Information below:**

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_

Dance experience: \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

### **MEDICAL AUTHORIZATION, RISK NOTIFICATION, LIABILITY WAIVER AND PHOTOGRAPH POLICY**

Emergency Contact: \_\_\_\_\_ Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Allergy to Medication? \_\_\_\_\_

Any health problems that may interfere with dance? \_\_\_\_\_

In case of illness or injury and a parent cannot be reached, the staff of Barb's Centre for Dance, Inc. may authorize medical treatment for the above named student. I understand that because dance involves motion, there is a risk of injury. I and my heirs hereby release Barb's Centre for Dance, Inc., its employees, instructors, and owners from any liability for damages and/or injury or medical expenses which might occur as a result of my child's participation. My child has no problems that might compromise his/her safe involvement. Barb's Centre for Dance, Inc. may use photos of participants for promotional purposes. By registering/participating for/in one of our programs, you have granted permission to use your child's photograph for promotional purposes unless otherwise noted.

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_