

REGISTRATION FORM BRENWOOD ACADEMY

CHILD'S NAME: _____ BIRTH DATE: _____

AGE: _____ CIRCLE: BALLET GYMNASTICS JAZZ

ADDRESS: _____

PARENT'S NAMES: _____

HOME PHONE NUMBER: _____

EMERGENCY CONTACT & NUMBER: _____

MEDICAL CONDITIONS: _____

I HEARBY RELEASE THE DANCE ACADEMY (THE ORGANIZERS AND THE INDEPENDENT CONTRACTOR'S FROM ANY AND ALL LIABILITY OF ANY OF PERSONAL INJURY OR PROPERTY DAMAGE DUE TO MY CHILD'S PARTICIPATION IN THIS CLASS. I CERTIFY THAT MY CHILD IS IN GOOD HEALTH (EXCEPT FOR THE CONDITION(S) LISTED ABOVE) AND IS ABLE TO PARTICIPATE IN THIS ACTIVITY.

A THIRTY (30) DAY WRITTEN NOTICE MUST BE SUBMITTED IN ADVANCE OF WITHDRAWAL FROM CLASS. I UNDERSTAND I AM STILL LIABLE FOR PAYMENT DUE DURING THIS TIME AND I WILL BE BILLED IF NOTICE IS NOT SUBMITTED.

PARENT'S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW (OFFICE USE ONLY)

REGISTRATION FEE: _____

SESSION 1

SESSION 2

SESSION 3

COSTUME FEE
