

# b.i.s.i. CHICAGO DANCE CO.

## STUDENT REGISTRATION FORM

DATE:

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

NAME OF PARENT(S) OR GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ TEXT? YES / NO

EMAIL ADDRESS \_\_\_\_\_

<u>CLASS NAME</u>	<u>DAY</u>	<u>TIME</u>	<u>TEACHER</u>	<u>TUITION/FEE</u>
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1)

2)

3)

4)

5)

TOTAL \$

CASH

CHECK#

MONEY ORDER#

CREDIT CARD#

EXPIRED

3 DIGIT CODE

**WAIVER OF LIABILITY** I, THE UNDERSIGNED STUDENT/PARENT/GUARDIAN OF ABOVE STUDENT, A MINOR, RECOGNIZING THAT CLASSES INVOLVING PHYSICAL ACTIVITY MAY RESULT IN PERSONAL INJURIES, DO HEREBY RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS AND SAFE FROM ANY AND ALL LIABILITIES, THE ACADEMY OF DANCE ARTS, ITS OFFICERS, OWNERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS, ACTIONS, AND CAUSES OF ACTION ARISING OUT OF ACTIVITIES OF SAID BUSINESS, INCLUDING BUT NOT LIMITED TO, DANCE, TUMBLING, AND RELATED CLASSES, PRACTICES, AND PERFORMANCES.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
STUDENT OR PARENT/GUARDIAN OF STUDENT IF UNDER 18 YEARS OF AGE

**HOW DID YOU HEAR ABOUT US?**

INTERNET SEARCH

POSTCARD/FLYER

WALK-IN

REFERRED BY FRIEND

RETURNING STUDENT

SOCIAL MEDIA

OTHER \_\_\_\_\_

**PREVIOUS DANCE EXPERIENCE**

DANCE STUDIO / SCHOOL

DANCE STYLES

NUMBER OF YEARS

**EMERGENCY INFORMATION**

PHYSICIANS NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

HEALTH INSURANCE CARRIER: \_\_\_\_\_

POLICY #: \_\_\_\_\_

PLEASE DESCRIBE ANY ALLERGIES, HEALTH CONDITIONS OR MEDICATIONS USED:

\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_