

B·e·s·h·k·a·n

DANCE ACADEMY

Registration Form

Name: _____ DOB: / /

Guardian's name (Required if Applicant is under 18): _____

Address: _____

Telephone: () _____ / () _____ /
(Home Phone) (Cell Phone)

Email: _____

Emergency Contact: _____ Relation: _____

Telephone: () _____ / () _____ /
(Home Phone) (Cell Phone)

You understand that there are risks of physical injury associated with, arising out of, and inherent to activity of dance and the activities in which you will voluntarily participate by registering with Beshkan Dance Academy. In recognition of this, you agree to release Beshkan Dance Academy and hold it harmless of all liability, and hereby acknowledge that you are knowingly and voluntarily assuming full responsibility for all risks of physical injury arising out of active participation in a dance class or other dance related activities.

Beshkan Dance Academy reserves the right to refuse service to any student, parent, or legal guardian for any reason, including, but not limited to not adhering to the rules set forth in these policies and procedures.

By signing below, you acknowledge and agree to adhere to all of Beshkan Dance Academy's policies, including and not limited to our tuition and safety policies.

Signature of student: _____ Date: _____

Signature of guardian: _____ Date: _____
(Required if student is under 18)

OFFICE USE ONLY:

Class Name: _____

Instructor: _____

Class Time: _____ Room# _____