

"BEHN'S CENTRE OF DANCE" /2011-12  
mail registration form to: 707 Runyen Street

#1: child \_\_\_\_\_

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

#2 :child \_\_\_\_\_

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

#3 :child \_\_\_\_\_

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

PARENT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & ZIP \_\_\_\_\_

	COMB	JAZZ	BALLET TECH	PT	MODERN	HIP-HOP	
<u>1</u>							
<u>2</u>							
<u>3</u>							
<u>4</u>							

	1 <sup>ST</sup> . QRTR TAP TECH	M. THEATRE	COMPETITION**	TUMBLING
<u>1</u>				
<u>2</u>				
<u>3</u>				
<u>4</u>				

**WAIVER FOR PARTICIPANT**

In consideration of your accepting this entry, I hereby, for myself, any child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against Behn's Centre of Dance and its representatives for any and all injuries suffered by myself or my child at any activity sponsored by this studio. Parent or Legal Guardian must sign for any child under 18 entering the program.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_