



Mail registration form to: 707 Runyen Street

#1: NAME _____

AGE _____ GRADE _____ BIRTH DATE _____

#2 :NAME _____

AGE _____ GRADE _____ BIRTH DATE _____

#3 :NAME _____

AGE _____ GRADE _____ BIRTH DATE _____

PARENT'S NAME _____ PHONE _____

CELL _____

EMAIL _____

ADDRESS _____

CITY & ZIP _____

	COMB	ACRO	SHOWCHOIR	BATON	JAZZ	BALLET/PT	COMP
<u>1</u>							
<u>2</u>							
<u>3</u>							
<u>4</u>							

	HIPHOP	MODERN	ADULTWORKOU	COUPLES BALLROOM
<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 _____