



Barre Belle Registration Form

Date _____

Full Name of Child _____ Sex _____

Date of Birth _____

Street Address _____

City _____ Zip Code _____ Home Phone _____

Parent / Guardian Information:

Name _____

Cell Number _____

Address _____

Email Address _____

If parent / guardian cannot be reached, in case of emergency, call:

Name _____ Telephone _____

Name _____ Telephone _____

Does the student have any allergies, chronic illness or medical conditions? If yes, please describe.

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Barre Belle and its instructors.

Parent / Guardian Signature Date

Participant's Name Date