

Barrington Performing Artz Center

Home of: The Art of Dance Training Program

Directors: Nancie Tobison and Ellen Werksman

2011-2012 Family Registration and Information Form

Please complete and sign this form.

FAMILY LAST NAME: _____ :

ADDRESS: _____

CITY / ZIP: _____

HOME PHONE NUMBER: (_____) _____

PRIMARY EMAIL ADDRESS (print neatly) _____

Mother's Name: _____ Cell Number: _____

Father's Name: _____ Cell Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Student #1 Name: _____

Birth Date: _____ Medical Condition: _____

Student #2 Name: _____

Birth Date: _____ Medical Condition: _____

PLEASE read carefully before signing:

- I agree I am responsible for my child's payments and agree to make the payments as stated in this packet. I understand I am responsible for all returned check charges / or late fees / and collection fees. No refunds will be issued unless a medical release is provided.
- I / We hereby agree to hold harmless Ellen Werksman, and Barrington Performing Artz Center or any person employed at Barrington Performing Artz Center from any and all claims of injuries sustained while participating in any class or activity associated with all BPAC classes and events.
- I give permission for my child to be photographed and/or videotaped. These photographs or videos can be used for promotional products, without further compensation.

Parent / Guardian Signature _____ Date _____

CLASS(ES): _____
