

B.B DANCE PRODUCTIONS

5323 EAST INDEPENDENCE BLVD. SUITE A

CHARLOTTE, NC 28212

704-563-8693

www.bbdance.com

SUMMER REGISTRATION FORM FOR PREVIOUSLY ENROLLED

DATE: _____

Billing Name _____ (Relationship to student) _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Email _____ Cell Phone _____

(PLEASE PRINT CLEARLY, ALL INFORMATION WILL BE SENT OUT THROUGH EMAIL)

Child's Name _____

Birthdate _____ Age as of 1st day of class _____ Grade _____

HAS ANY INFORMATION CHANGED SINCE YOUR LAST ENROLLMENT? (YES) (NO)

IF SO PLEASE, PLEASE GIVE US THE CORRECT INFORMATION BELOW:

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Phone _____

Dr. Name _____ Phone _____

Preferred Hospital _____

Medical conditions or Allergies _____

CLASSES

Date Registered _____

Sibling: Yes No

Class _____ Day _____ Time _____ Teacher _____

DANCE PROGRAM PARTICIPATION WAIVER AND RELEASE FORM

- The BB Dance Productions dance program is a physical sport activity. I understand that my child will be under supervision and instruction in order to reduce the risk of injury, however, I hereby acknowledge that there are inherent risks associated and accompanied with participation in any sport activity and that my child may be injured as a result of an accident arising out of participation in this program.
- I knowingly accept and assume the risk of injury and hereby release and hold BB Dance Productions, its employees, staff, and agents harmless from and against any and all claims or cause of actions of any kind arising from or out of injury that may occur from my child's participation in the BB Dance Productions dance program including the use of its facilities and equipment.
- I acknowledge all of the policies and procedures relating to the activities, facilities and equipment and understand that the safe and proper use of facilities, equipment or participation in these activities are dependent upon carefully following such policies and procedures. I assume full responsibility for all my child's actions in connection with participation in the BB Dance Productions dance program. I agree that my child will abide by all safety rules, regulations, policies and procedures of the program.
- I certify that to my knowledge, there is no medical reason why my child cannot safely participate in this dance program.
- I do hereby give permission to B.B. Dance Productions to use any videotapes or photographs of my child for the purpose of publication and advertisement.

PARENT/GUARDIAN

Signature: _____ Date _____

TO BE COMPLETED BY B.B. DANCE OFFICE STAFF

DATE PAID _____ AMOUNT PAID _____

METHOD OF PAYMENT: CREDIT CHECK CASH MONEY ORDER

REASON FOR PAYMENT: _____