

BEVERLY ROGERS ACADEMY OF DANCE
3485 PARK AVENUE
1-270-442-1100
BEVERLYROGERSACADEMY.COM

2016 - 2017 REGISTRATION FORM

Annual registration fee of \$25.00 is due with this form.
Mail to: 211 Ridgewood Ave., Paducah, KY 42001

Circle One: Paducah Academy Princeton Academy

How did you hear about us? _____

Dancer's Name: _____ D.O.B. ____/____/____ Age: ____

School Attending Fall '14: _____

Previous Dance Experience: _____

Any medical/health concerns: _____

Parent/Guardian Name: _____ Home Phone: _____

Mother's Work Phone: _____ Mother's Cell: _____ Father's Cell: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Preferred Day/Class Times: _____

Check if interested in BRD Recreational Company OR Competitive Dance Company: _____

WAIVER OF LIABILITY

I the undersigned parent or legal guardian, of the dancer listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows, and events offered by or attended by Beverly Rogers Academy. I accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Beverly Rogers Academy and its officers, owners, directors, employees, and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer listed above while participating at or for Beverly Rogers Academy. I assume all risks and hazards incidental to such participation including transportation to and from all activities and do so hereby waive, release, absolve indemnify and agree to hold harmless the Beverly Rogers Academy, organizers, sponsors, participants, and persons transporting students or participants to and from activities for any claim arising out of injury to the student. Furthermore, I hereby give my permission to Beverly Rogers Academy to use photographs and/or videos of the dancer listed above as deemed appropriate for the promotion of Beverly Rogers Academy.

Parent/Guardian Signature: _____ Date: _____

INSURANCE

My signature below affirms that I now have and will continue to carry proper medical, health, and hospitalizations and accident insurance, which I consider adequate for the protection of my child at Beverly Rogers Academy of Dance.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Date Registered: _____ Payment Type: Check Cash