

*Please **print** clearly **in all shaded areas** below. You must provide a current address, telephone, email address and payment option to complete the registration process. You must also complete the reverse side of this form.*

Student Last Name	First Name	<i>Below for studio use.</i>	
		Class 1	Tuition
Street Address:			
City:	State:	Zip:	Birthday: Age:
Email Address:		Home Phone:	
Parent(s) Name(s):		Cell Phone:	
Emergency Contact Name:		Emergency Contact Phone:	
Health Issues:		Medical Release: <input type="checkbox"/> (See reverse side)	
		Class 2	Tuition
		Class 3	Tuition
		Class 4	Tuition
		Class 5	Tuition

Payment Option:
 Check _____ Credit Card _____ Signature: _____ Date: _____

*Please **print** clearly **in all shaded areas** below. You must provide a current address, telephone, email address and payment option to complete the registration process. You must also complete the reverse side of this form.*

Student Last Name	First Name	<i>Below for studio use.</i>	
		Class 1	Tuition
Street Address:			
City:	State:	Zip:	Birthday: Age:
Email Address:		Home Phone:	
Parent(s) Name(s):		Cell Phone:	
Emergency Contact Name:		Emergency Contact Phone:	
Health Issues:		Medical Release: <input type="checkbox"/> (See reverse side)	
		Class 2	Tuition
		Class 3	Tuition
		Class 4	Tuition
		Class 5	Tuition

Payment Option:
 Check _____ Credit Card _____ Signature: _____ Date: _____

Medical Release

I realize my child (*print child's name*) _____ will be participating in a physical activity, and as such, I realize there is an element of risk involved. In the event of an accident or illness to my child, I should be notified immediately.

My home phone number is _____ and

My cell phone number is _____.

In the event, I cannot be contacted, I hereby designate, (*name*) _____ as the person to be contacted. Their phone number is _____. In the event that neither of us can be contacted, I hereby authorize Broadway Bound Performing Arts Center, Inc. to take any steps it deems necessary to seek reasonable medical attention. In such an event, I further agree that the cost of such medical services shall be borne exclusively by me.

Parent or Legal Guardian's Signature _____ *Date* _____

Publicity Release

I realize that my child (*print child's name*) _____ will be participating in a group activity, and as such, I realize there are times when photographs, videotape and digital images may be captured during a performance, activity or event.

I hereby authorize Broadway Bound Performing Arts Center, Inc. to use photographs, videotape and digital images of my child in the production of brochures, advertising and website information that promotes the Broadway Bound Performing Arts Center, Inc. and its students.

Parent or Legal Guardian's Signature _____ *Date* _____

Medical Release

I realize my child (*print child's name*) _____ will be participating in a physical activity, and as such, I realize there is an element of risk involved. In the event of an accident or illness to my child, I should be notified immediately.

My home phone number is _____ and

My cell phone number is _____.

In the event, I cannot be contacted, I hereby designate, (*name*) _____ as the person to be contacted. Their phone number is _____. In the event that neither of us can be contacted, I hereby authorize Broadway Bound Performing Arts Center, Inc. to take any steps it deems necessary to seek reasonable medical attention. In such an event, I further agree that the cost of such medical services shall be borne exclusively by me.

Parent or Legal Guardian's Signature _____ *Date* _____

Publicity Release

I realize that my child (*print child's name*) _____ will be participating in a group activity, and as such, I realize there are times when photographs, videotape and digital images may be captured during a performance, activity or event.

I hereby authorize Broadway Bound Performing Arts Center, Inc. to use photographs, videotape and digital images of my child in the production of brochures, advertising and website information that promotes the Broadway Bound Performing Arts Center, Inc. and its students.

Parent or Legal Guardian's Signature _____ *Date* _____