



# Registration Form

Please mail your registration form and payment to Bella School of Dance, P.O. Box 333, Sewickley, PA 15143. Once your form and payment are processed, you will receive a confirmation email.

<b>Student's Name:</b>	<b>Date of Birth:</b>
<b>Street Address:</b>	<b>Age:</b>
<b>City/State/Zip:</b>	<b>Grade:</b>
<b>Home Phone:</b>	<b>School:</b>
<b>Mother's Name:</b>	<b>Cell Phone:</b> <b>Work Phone:</b>
<b>Father's Name:</b>	<b>Cell Phone:</b> <b>Work Phone:</b>
<b>Family Email Address:</b>	<b>Dance Experience:</b>
<b>Emergency Contact:</b>	<b>Emergency Contact #:</b>
<b>Does this student have any special needs? (Learning disabilities, handicaps, behavioral disorders, etc.) Is this student taking any medicine?</b>	

### Release from Liability

I, the undersigned (adult, student, or legal guardian) of \_\_\_\_\_, a minor, recognizing that classes involving physical activity may result in personal injuries, do hereby, discharge, and agree to hold harmless and safe from any and all liabilities Bella School of Dance, Inc., its officers, agents, instructors, and employees from any and all claims, demands, rights, action, and causes of action arising out of the activities of said business on account of, or in any way arising out of, any and all known and unknown personal injuries and property damage, including consequential damages, which I am now, or hereinafter have as the parent and/or guardian of the said minor, or which said minor may have on his/her own behalf.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for this student to be photographed for keepsake and promotional advertising photographs, videos, or DVDs at Bella School of Dance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Bella School of Dance?

What made you decide to come?

Class & Level	Location	Day	Time
Payment Option (monthly, quarterly, semester):	Registration Fee:	Amount Paid:	Check #: