

Bridger View Ballet Center

Registration Form

Participant's Name: _____ Birthdate: _____

Parent of Participant (if under 18 years of age):

Address: _____ e-mail: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____ Work phone: _____

Emergency contact (other than parent)/phone number:

Does the participant have any special health conditions, allergies or disabilities that the instructor should be aware of?

Class you wish to register for: _____

Please read and sign the following release: I understand the nature and scope of the class listed above. I understand that there are risks and dangers associated with the class listed above. I understand that it is not the function of Bridger View Ballet Center and/or 'r'Place...Your Space, its employees, agents, owners, operators, or instructors to guarantee the safety of participants with respect the class listed above. I also understand that each participant has the responsibility to exercise due care in the performance of the activities/classes listed above for the safety of himself/herself and the other participants. In consideration of the participants being permitted to enroll in the class listed above, I hereby release, indemnify, and hold harmless Bridger View Ballet Center and/or 'r'Place...Your Space, its employees, operators, owners, and instructors from any damage or loss which may be sustained by the participant as a result of or relating to participation in the class listed above. I have read and I understand the above liability release.

Participant signature (if over 18): _____

Parent, guardian or legal custodian (if participant is under 18 years of age):

Referred by: _____

For Bridger View Ballet Center use only: Date: _____ Name: _____ Amt. rcvd: _____