

**Dance Classes – Fall 2019 Registration Form****PLEASE FILL OUT THIS ENTIRE FORM****Ballet Performance Workshop** (ages 10 and up): **Wednesdays, August 28 to December 04 • 4:30 to 6:00 PM****Workshop location:** **1970 Chestnut Street, Berkeley CA 94702** • near North Berkeley Bart Station**Child's Name:**

Birth date:

School:

**Parent's Name:**

Address:

City, State, ZIP:

Telephone (list all applicable):

E-mail (list all applicable):

**How did you hear about our program?** (check all that apply)☐ Returning☐ Another parent/word of mouth☐ Other (please describe):☐ Flyer/Literature☐ Berkeley Parents Network**EMERGENCY CONTACTS (Important - we must have current/working phone numbers where someone answers):**

1. Your own Emergency Contact:

2. Another local parent for emergencies:

3. A responsible person outside the area:

**Name of Doctor/Phone:****Please answer the following, explaining all "yes" answers fully on another sheet, so we can better serve your child:****Does your child have any special physical, behavioral, medical, or other needs?**

If yes, please describe, and contact program director.

**Does your child have any allergies?**

If yes, please describe, and contact program director.

Please note, if we are not informed of the above, or if your child cannot follow program guidelines as to safe, respectful behavior, this may mean that your child cannot continue in the program and there will be no refunds.

I have read and understand the program Guidelines and Policies. I understand that this registration is not completed without a signed Agreement of Release and Waiver of Liability form.

Signature of Parent/Legal Guardian of participating child

Date

**REGISTRATION WILL NOT BE COMPLETED WITHOUT A SIGNED RELEASE AND WAIVER FORM**