



Family Information: Parent/Guardians

First Name: _	Last Name:
Home Phone: _	Cell:
Email:(All emails are	e kept confidential)
Home Address:	
Student 1 Inform	nation
First Name: _	Last Name:
Gender: _	Birth Date:
Class Selection: _	
Student 2 Inforn	nation
First Name: _	Last Name:
Gender: _	Birth Date:
Class Selection: _	

Photo Release

I understand that BUCKS COUNTY ARTS AND DANCE may record my or my child's participation at any time on video or photograph. I grant BUCKS COUNTY ARTS AND DANCE unlimited use of any such recordings with no obligation to me. Such recordings are the sole property of BUCKS COUNTY ARTS AND DANCE.

Parent/Guardian Signature: _____