



Registration Form

Family Information: Parent/Guardians

First Name: _____ Last Name: _____

Home Phone: _____ Cell: _____

Email: _____
(All emails are kept confidential)

Home Address: _____

Student 1 Information

First Name: _____ Last Name: _____

Gender: _____ Birth Date: _____

Class Selection: _____

Student 2 Information

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: _____