



Registration Form

**Form must be signed in three places & initialed in four places by parent/guardian* PLEASE Print legibly!
Additional copies may be obtained on our website: www.brittanycodydancecompany.com*

Dancers Information:

Dancer's Name: _____ Age: _____ Birthdate: _____

School Grade in Fall: _____

Mailing Address: _____ City, State, Zip: _____

Primary Phone Number: _____

Parent Or Guardian Information:

Our correspondence is delivered via email. We want to keep you informed. Please print your email address legibly.

Parent/Guardian Name: _____ Phone Number _____

Mailing Address : _____ City, State, Zip: _____
(if different from dancer)

Email Address: _____

Parent/Guardian Name: _____ Phone Number _____

Mailing Address : _____ City, State, Zip: _____
(if different from dancer)

Email Address: _____

Emergency Contact:

Emergency Contact Name: _____

Emergency Contact: _____ Relationship to Dancer: _____

In the event of an emergency, BCDC will try to contact each parent/guardian first as listed above, then the emergency contact person.

Responsible Party:

Name of Person Responsible for this account: _____

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ Relationship to Dancer: _____

Email Address: _____ Employer: _____

By signing below you agree that the person listed above is responsible for this account.

(Please Print)

(Signature)

(Date)

BCDC must have correct information on file at all times. If at any time the above information changes, please see the Front Desk to fill out an Update Contact Information Form.

Medical History:

Please list ALL medical conditions that BCDC should be made aware of (including current medications taken, warning signs, etc.) Parents/Guardians must keep BCDC informed if any condition or related prescription changes.

WAIVER

I understand that in dance there is a certain level of risk of injury involved. In the event a medical emergency occurs, the Brittany Cody Dance Company staff has permission to seek medical attention of my child or self. I further understand that all fees and liabilities pertaining to this event are my responsibility and that Brittany Cody Dance Company and its agents will in now way be held responsible. Brittany Cody Dance Company is not responsible for any loss of property suffered by any person while watching or participating in activities at Brittany Cody Dance Company. I understand that all images from attending Brittany Cody Dance Company can be available for publicity purposes including print, video and DVD.

Parent/Guardian Signature

Date

INITIAL AFTER READING THE FOLLOWING STATEMENTS

If you have not received the following documents, please see the front desk asap or email us directly at info@brittanicodydancecompany.com

Receipt of Payment Schedule Document

I have read and received a copy of the Payment Schedule. _____
Initials Date

Receipt of Financial Policy

I have read and received a copy of the Financial Policy. _____
Initials Date

Receipt of Yearly Calendar

I have read and received a copy of the Yearly Calendar. All updated dates to the calendar will be sent via email and given to students in class if any changes are made. _____
Initials Date

Receipt of Student/Parent Conduct Policies

I have read and received a copy of the Student/Parent Policies. _____
Initials Date

Parent/Guardian Signature _____ Date _____

By signing here, you confirm the accuracy and correctness of all provided information.