

Bourne 2 Dance



REGISTRATION DAY FOR FALL CLASSES
SATURDAY AUGUST 1ST 10AM-2PM
@BOURNE 2 DANCE STUDIO

- *Come meet your teachers*
- *Refreshments will be served*
- *Be the first to sign up for classes-Space is limited*

AUDITION FOR BOURNE 2 DANCE
NATIONAL RANKED COMPETITION TEAM!
Saturday August 1st 2:30-4:30pm @ B2D

- *Prepare a 30 second solo**
 - *Jazz Combo**
 - *Improv Section**
 - **Please dress appropriately (Hair pulled back into bun, leotard or sports bra and shorts)**
- Any questions- Contact Miss Sarah Z @ 239-495-3100**

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STUDENT REGISTRATION FORM

Registration Fee: \$35.00

* Required Fields

Student Information:

*Name: _____
(Last) (Middle) (First)

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Age: _____ *Birth date: _____

*Home telephone: _____ Child's Cell: _____

Academic School: _____ Grade: _____

*Email Address: _____

How Did You Hear About Us?

Parent/Guardian Information:

Mother: _____ Telephone number: _____

Father: _____ Telephone number: _____

Emergency Contact Numbers:

*Primary: _____

Secondary: _____

Physician's Name: _____ Phone: _____

List all medical conditions/illnesses: _____

Injuries past/current: _____

Class #1_____

Class #2_____

Class #3_____

Class #4_____

Class #5_____

I understand that the above registered classes will amount to a monthly payment of_____, due on the 5st of every month. Failure to submit payment on time will result in a late fee presented in the student handbook provided to me.

The undersigned gives permission to Bourne 2 Dance LLC, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

As the legal parent or guardian, I release and hold harmless Bourne 2 Dance LLC, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Bourne 2 Dance LLC and its owners and operators or in route to or from any of said premises. I also agree that any photos taken of my child during class or performance may be used for advertising purposes.

Print Name: _____

Signature: _____ Date: _____

Bourne 2 Dance LLC