



REGISTRATION FORM

Broadway Bound Dance Centre, Inc.
120 Route 37E, Toms River, NJ 08753
732-503-9444 | <http://broadwaybound.dance>

Section 1

(1) Student's name _____ D.O.B. _____
(2) Student's name _____ D.O.B. _____
(3) Student's name _____ D.O.B. _____

Parent's or legal guardian's names _____

Street _____

City _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____

Emergency Contact (other than parent) _____ Phone _____

Email _____

Does the student have any ailments or restrictions? Yes / No If yes, please explain:

Section 2 (Please fill out this section if you are a new student)

How did you hear about us? _____ Has the student had any previous dance training? Yes / No
If yes please list prior dance experience (i.e. number of years, dance technique studied, teachers, etc.):

Section 3

Please list the intensive you or your child will be enrolling in:

Class/Day/Time: _____	Class/Day/Time: _____
Class/Day/Time: _____	Class/Day/Time: _____
Class/Day/Time: _____	Class/Day/Time: _____
Class/Day/Time: _____	Class/Day/Time: _____
Class/Day/Time: _____	Class/Day/Time: _____

Release of Liability

As the legal parent or guardian, I release and hold harmless Broadway Bound Dance Centre, 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 Broadway Bound Dance Centre, its owners and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to Broadway Bound Dance Centre, 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. I request that our doctor/physician _____ be called and that my child be transported to _____ hospital.

Payment and Tuition Information

Tuition is due by the first of each month. If accounts are paid after the tenth of the month, there will be a \$15.00 late fee applied to the account balance. There is a \$25.00 returned check charge for any checks returned by the bank. Please review our studio policies at <http://broadwaybound.dance/policies-tuition/>

I've read all of the above and the Studio Policies and agree.

_____ Date _____
Signature of parent or legal guardian, if student is under age 18, or student age 18 an older

**Electronic Signature Agreement. By selecting the "Agree" check-box and typing your name & date, you are signing this agreement electronically and you consent that your electronic signature is the legal equivalent of your manual signature on this agreement.*