



REGISTRATION FORM

357 Broad St. (rear bldg) - Bloomfield, NJ 07003 - (973) 748-ARTS (2787)

HOW DID YOU HEAR ABOUT US?:

FRIEND(name?): _____

(Please circle): DRIVE BY FAMILY MAGAZINE FLYER/BROCHURE GOOGLE NEWSPAPER AD

REFERRAL WEBSITE YELLOW PAGES OTHER: _____

STUDENT(S) NAME(S): _____

MOTHER'S NAME: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL: _____

FATHER'S NAME: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

STUDENT'S BIRTHDAY: _____ AGE(IF UNDER 18) _____

DISABILITIES/ALLERGIES: _____

CLASS OR CLASSES YOU ARE REGISTERING FOR:

1. _____ 3. _____

2. _____ 4. _____

PLEASE LIST ANY PREVIOUS TRAINING:

_____ NUMBER OF YEARS: _____

It is understood and agreed between BROADWAY PERFORMING ARTS and the undersigned that anyone attending the school agrees and discloses that they are carrying their own medical insurance and assumes all risks and hazards incidental to the conduct of the activities; and do further release, absolve, indemnify and hold harmless BROADWAY PERFORMING ARTS from any injury, damage, or expense that might be incurred as a result. Permission is also hereby granted to BROADWAY PERFORMING ARTS to use photographs or video of students or family members or others for promotional purposes and to copyright such photographs in it's name.

x _____ x _____
Signature Date