



Registration Form A

Contact and Student Information

NAME _____ BIRTH DATE _____

PHONE # _____ E MAIL _____

How did you hear about Berkshire Pulse? _____

MAILING ADDRESS

Street _____

Town _____ State _____ Zip _____

HOME PHONE _____ CELL PHONE _____

Please list ANY medical considerations (if not applicable, write "None")

List previous experience in dance / music / theater

EMERGENCY CONTACT INFORMATION

NAME _____ PHONE _____ RELATION TO STUDENT _____

NAME _____ PHONE _____ RELATION TO STUDENT _____

WAIVER

- I have read and been informed about the content and requirements in the **Berkshire Pulse Policies and Information** and agree to abide by these guidelines as a condition of my enrollment at Berkshire Pulse.
- I am aware that all recreational activities entail some risk of physical injury and I certify that I have discussed any pertinent information concerning any medical history or any limitations my child may have with a representative of Berkshire Pulse, Inc. I hereby agree to assume all reasonable risk associated with participation in any programs held by Berkshire Pulse, Inc. and hereby release Berkshire Pulse, Inc. and any of their agents, employees, representatives, successors, or assigns from any damages, liability, actions, causes of injury, or property damage sustained by me, my family or guests, or by other members, guests, or employees if such an injury or property damage is caused in whole or in part by me, my family, or guests.
- I give Berkshire Pulse, Inc. permission to use photographs and/or videos in which I appear for any fundraising and/or marketing purposes that Berkshire Pulse, Inc. deems appropriate.

SIGNATURE _____ DATE _____