



Youth Registration Form A

Contact and Student Information

STUDENT NAME _____ AGE _____ BIRTH DATE _____

STUDENT PHONE # _____ STUDENT E MAIL _____

OPTIONAL: Student is Male , Female , Other , Would rather not say

SCHOOL YOUR CHILD ATTENDS _____ RIDING BUS TO PULSE yes | no

How did you hear about Berkshire Pulse? _____

<p>GUARDIAN 1 _____</p> <p><input type="checkbox"/> Check if Emergency Contact</p> <p>MAILING ADDRESS</p> <p>Street _____</p> <p>Town _____ State _____ Zip _____</p> <p>E MAIL _____</p> <p>HOME PHONE _____</p> <p>CELL PHONE _____</p>	<p>GUARDIAN 2 _____</p> <p><input type="checkbox"/> Check if Emergency Contact</p> <p>MAILING ADDRESS <input type="checkbox"/> Check if same as Parent 1</p> <p>Street _____</p> <p>Town _____ State _____ Zip _____</p> <p>E MAIL _____</p> <p>HOME PHONE _____</p> <p>CELL PHONE _____</p>
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Please list ANY medical considerations (if not applicable, write "None")

List previous experience in dance / music / theater

EMERGENCY CONTACT INFORMATION (if not already checked above)

NAME _____ PHONE _____ RELATIONSHIP _____

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WAIVER

- I have read and been informed about the content and requirements in the **Berkshire Pulse Performing Arts Program Policies and Information** and **Dress Code** and agree to abide by these guidelines as a condition of my and/or my child's 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 or my child appear for any fundraising and/or marketing purposes that Berkshire Pulse, Inc. deems appropriate.

SIGNATURE (Parent/Legal Guardian) _____ DATE _____