



Adult Registration Form A

Student Information and Waiver

STUDENT NAME _____ Date of Birth _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____ Check here to get our monthly newsletter

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

MAILING ADDRESS:

Street _____

Town _____ State _____ Zip _____

How did you hear about Berkshire Pulse? _____

List previous experience in dance / music / theater

EMERGENCY CONTACT INFORMATION

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

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

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 or I 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 _____ DATE _____