



# Adult Registration Form A

## Student Information and Waiver

STUDENT NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ Check here to get our newsletters

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

MAILING ADDRESS (please write clearly):

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

How did you hear about Berkshire Pulse? Word of mouth/website/news/advertisement

Please share previous experience if applicable, in dance / music / theater:

Which Adult Community Classes are you interested in taking?

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

Please share 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 and or my child(s) enrollment at Berkshire Pulse.
- I am aware that all recreational activities entail some risk of physical injury and illness, 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.
- Choose one:
  - I give
  - I do not 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 \_\_\_\_\_