

**Brazos Valley Performing Arts**

4444 Carter Creek Pkwy Ste. 105  
 Bryan, TX 77802  
 BVPADance.org  
 LoneStarsBVPA@gmail.org



**REGISTRATION FORM**

(Please Print)

Today's date:

**STUDENT INFORMATION**

|                      |                       |                                  |                       |      |  |
|----------------------|-----------------------|----------------------------------|-----------------------|------|--|
| Student's last name: |                       | First name:                      |                       |      |  |
| Parent's last name:  | Parent/s first names: |                                  | Student's Birth date: | Age: | Sex:<br><input type="checkbox"/> M<br><input type="checkbox"/> F |
| Street address:      |                       | Cell phone no.:                  | Home phone no.:       |      |  |
| ( )                  |                       | ( )                              | ( )                   |      |  |
| P.O. box:            | City:                 | State:                           | ZIP Code:             |      |  |
| Student's email:     | Parent/s email:       | Student's phone no. (if adult) : |                       |      |  |
| ( )                  |                       | ( )                              |                       |      |  |

Choose classes you are registering for:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> <b>Summer Camp June 1-4, 6:00-8:00 pm</b><br>\$100 | <input type="checkbox"/> <b>Weekly dance classes ages 8-13yrs Tuesdays 7-8</b><br>\$50/mo. | <input type="checkbox"/> <b>Weekly dance classes ages 14 on up Tuesdays 7-8</b><br>\$50/mo. | <input type="checkbox"/> <b>Weekly dance classes with valid college ID</b><br>\$40/mo. |
|---|--|---|--|

**ADDITIONAL INFORMATION**

**IN CASE OF EMERGENCY**

|  |                          |                      |                 |
|--|--------------------------|----------------------|-----------------|
| Name of local friend or relative (not living at same address): | Relationship to student: | Home/cell phone no.: | Work phone no.: |
|  |                          | ( )                  | ( )             |

Waiver: I agree that I am/my child is voluntarily participating in dance classes, performances, and any other productions, or activities with BVPA, and I am assuming all risk of injury that may result. I hereby waive and release any and all claims that I may have against any instructor, employee, or board member for any and all injuries that may be suffered by my child or myself while participation in BVPA activities. I hereby authorize an instructor or staff member to act for me according to his/her best judgment in any emergency requiring medical attention. I authorize BVPA to use my child's image or my image including, but not limited to, photos for any type of advertising purposes or website for BVPA. I also understand that I must re-register every year and that all tuition and fees are non-refundable.

\_\_\_\_\_  
 Patient/Guardian signature

\_\_\_\_\_  
 Date