KAREN BERNARD SCHOOL OF DANCE - 2021-2022 REGISTRATION FORM

To register: please complete this registration form and mail/drop off registration form, fee and tuition to 7 McKay Ave.

	Non-Refundable Re	gistration Fee \$60.00/student.	Cash/check a	Cash/check accepted.	
	STUDENT NAME:	DOB:	Age:	Grade:	
	PARENT NAME:				
	Phone#:	Name:			
	Address:				
	Town & Zip Code:				
	EMAIL:				
	Emergency#:	Name:			
Reg	gistered Classes:	5			
		6			
 3		7			
_		•			
4		8			
The pand h	parent of student, signing this release, elects and nereby releases and discharges Karen S. Bernard onal injuries, property damage, received by said some/she is of sound mind and over twenty-one year	permits to u d, her successors, agents and employees, fro tudents, resulting from these dance related o	se Karen Bernard School o om all liabilities, claims, de		
	Signature				
prev with and pern or m my o here all lia inclu	Karen E /ID-19 has been declared a worldwide pand entative measures to reduce the spread of COVID-19. By signing this agreement, I ac I may be exposed to or infected by COVID- nanent disability, and death. I voluntarily agr eyself (including, but not limited to, personal child(ren) may experience in connection with eby release, covenant not to sue, discharge, abilities, claims, actions, damages, costs or ides any Claims based on the actions, omiss ction occurs before, during, or after participa	COVID-19; however, KBSD cannot guar knowledge the contagious nature of CC 19 by attending KBSD and that such exect to assume all of the foregoing risks a injury, disability, and death), illness, dand may child (ren)'s participation in KBSD cand hold harmless KBSD, its employed expenses of any kind arising out of or resions, or negligence of KBSD, its employed	Karen Bernard School rantee that you or your of VID-19 and voluntarily posure or infection may and accept sole responsinage, loss, claim, liabilities, and representatives, elating thereto. I understant of the service	child(ren) will not become infected assume the risk that my child(ren) result in personal injury, illness, sibility for any injury to my child(ren y, or expense, of any kind, that I or and on behalf of my children, I of and from the Claims, including tand and agree that this release	
	9	Parent Signature			

^{***} Each individual student must have a completed & signed Registration Form and COVID waiver to attend classes.