

2018-2019 AFRICAN DANCE REGISTRATION FORM

200 East Saint John Street | Spartanburg, SC 29306 | 864-583-0339
www.balletspartanburg.org

Please Print and Complete in Full:

* A Registration Form *must be completed for all students attending CFDE classes.*

Name **Age (if under 18)**

Home Address **City** **State** **Zip**

Phone Home Work Cell **Email (Important for CFDE communication)**

Name of parent/guardian if student is under 18 **Signature of parent/guardian**

- I agree that I am physically fit and I will not make a claim against, sue, attach the property of or prosecute Ballet Spartanburg, their agents, sponsors or employees for damages, death, personal injury or property damages I may sustain as a result of my participation in these activities.
- I attest that I am at least eighteen years old or older and the parent or legal guardian of the minor student listed above and that the minor student is physically fit and has no known medical conditions which prohibit participation in these activities.
- I am aware that this is a release of liability from myself and Ballet Spartanburg and its agents, sponsors and employees, and I have signed it of my own free will.

Signature

Date

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