



<i>For office use only</i>		
form received date:	_____	
registration fee paid:	Y	N
class assigned date:	_____	

Student Registration Form

2009-2010

Please complete one form per child. A non-refundable registration fee of \$20 per family is due at this time. Please make checks payable to Burnt Hickory Baptist Church.

Student Name _____ Gender: M F

Age _____ Grade _____ Date of Birth _____
Month/Day/Year

Parents' Names _____

Home Address _____
Street Apt.

City _____ State _____ Zip _____

Home Phone (____) _____ Email _____

Church Attended _____

CLASS REGISTRATION

Please check the class in which you would like to enroll. NOTE: Every effort will be made to maintain the class days and times as listed below. However, if minimum students per class is not met, class day and/or time may be adjusted.

<i>Class Level</i>	<i>Age Group</i>	<i>Class Day and Time</i>
Preschool I Creative Mvm't <input type="checkbox"/> Tuesday, 1:15 pm - 2:15 pm	3-year olds	<i>please select preferred class time below</i> <input type="checkbox"/> Wednesday, 2:15 pm - 3:15 pm
Preschool II Creative Mvm't <input type="checkbox"/> Tuesday, 2:15 pm - 3:15 pm	4-year olds	<i>please select preferred class time below</i> <input type="checkbox"/> Wednesday, 1:15 pm - 2:15 pm
<input type="checkbox"/> Beginner Ballet	Kindergarten	Wednesday 4:00 pm - 5:00 pm
<input type="checkbox"/> Primary I Ballet <i>only</i>	1st - 2nd grade	Tuesday 4:00 pm - 5:00 pm
<input type="checkbox"/> Primary I Ballet <i>and</i> Jazz	1st - 2nd grade	Tuesday 4:00 pm - 5:30 pm
<input type="checkbox"/> Primary II Ballet <i>only</i>	3rd - 5th grade	Tuesday 4:00 pm - 5:00 pm
<input type="checkbox"/> Primary II Ballet <i>and</i> Jazz	3rd - 5th grade	Tuesday 4:00 pm - 5:30 pm
<input type="checkbox"/> Interm./Adv. Modern Jazz	6th - 12th grade	Tuesday 5:30 pm - 7:00 pm

MEDICAL/EMERGENCY INFORMATION

Medical Conditions/Allergies _____

Parents' Emergency Phone Numbers:

Mother's: work () _____ cell () _____

Father's: work () _____ cell () _____

Emergency Contact (other than parents): _____

home () _____ cell () _____

Please provide the following information for emergency medical assistance:

Insurance Provider _____ Policy No. _____

Child's Physician _____ Preferred Hospital * _____

*In the event of an emergency, and given the opportunity to choose, to which hospital would you prefer your child be transported?

STUDENT PICK-UP AUTHORIZATION

As outlined in the Student Handbook, students must be picked up from class by parents or other authorized adult. Please list any adults (other than parents) authorized to pick up your child from class, including carpool participants.

1) Name _____

Address _____

Phone _____

2) Name _____

Address _____

Phone _____

MEDICAL WAIVER AND RELEASE

As a participant in the Burnt Hickory Baptist Church (BHBC) *Sole to Soul* Dance Ministry, I understand that BHBC is a nonprofit charitable institution presenting this dance program for me, other participants, and the community. I understand that dance classes or performances are active sports events which can involve physical contact with other participants, the floor, or other equipment, and that there is a resulting risk of physical injury to myself and others. I understand the risks and benefits of participating in dance classes and performances, and I am in proper physical condition to participate in this activity, and I have no existing injuries or conditions that could jeopardize my safety or health or that of the other participants. I, therefore, release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my participation in the *Sole to Soul* Dance Ministry, where or not resulting from negligence, and I agree to not sue BHBC, their representatives, staff or volunteers on any such claim. I also give permission for the staff, representatives or volunteers of ~~Sole to Soul~~ to administer first aid or to seek medical care for me

during my participation in the program, and take me to a medical facility for additional treatment if that appears necessary. I understand that BHBC and *Sole to Soul* cannot assume responsibility for medical expenses incurred in case of accident or illness.

I, _____, have read and understand the above medical waiver and release. If a medical emergency should arise and I cannot be contacted, I hereby give my permission to the *Sole to Soul* directors, instructors, or BHBC staff to select a physician and/or hospital for my child, _____. I also give the physician and/or hospital my permission to hospitalize, treat, and to order injections, anesthesia, or surgery for _____.

Signed, _____
Parent or Guardian of Participant

Date _____