

Date (D / M / Y) Rev 080111



MINE Solle	1	None		SMITE!	3	
		~	DAN	ces of Ind	IA	REGISTRATION
A PACE STATE	Student Inf	ormation			Number:	FORM AND WAIVER
	Address:					
		Home	_	Day	_	Cell
1	E-Mail:					
No.	Birth Date:		_(D/M/Y)	If student is a minor,	please fill in t	he next line.
	Parent(s):					
DA L	Emergency	Contacts				
The same	Primary:					
	Relationship:					
	Phone:		_	(_	
	A.I 1	Home		Day		Cell
	Alternate:					_
Background	Phone:	Home	_	Day	_	Cell
How did you hear a	about us?			,		
What are your goal	s in learning Indian	dance?				
Prior training in dar		ga, or other physical execution garder.	ercise:			
Medical Medical problems of	or restrictions:					
Allergies, allergies	to medications:					
Waiver and Rele	ease of All Claim	S				
student hereby relicioners, officers, and bodily injuries student which may represents that the (unless specified a further acknowledge)	eases and waives agents, volunteers (including death) a y occur while part student is in good above) that would pes that the studer njury of the studer	any and all claims agas, and representatives for and loss of or damage to icipating in the activitie. I health and does not he place the student at risult's instruction involves	ainst Rangas or any liability o property of es sponsore ave any hist k because of physical exc	d student, parent, or guashree and any and all of including but not limited the student or persons of the student or persons of the student or persons or his/her condition. The ercise and physical stress voluntary, and that the	of its owners, d to personal related to the undersigned ical condition undersigned ss that could	
Date (D / M / Y)		Signature of Student (if 18	years or olde	r) or Parent/Legal Guardian	of Student	沙漠
	grants Rangashree use it for promoti	on and literature for Ra		ation of the student on nd events sponsored by		

Signature of Student (if 18 years or older) or Parent/Legal Guardian of Student