SANSKRITI CENTER OF PERFORMING ARTS

REGISTRATION FORM

BHARATANATYAM • KALAKSHETRA BANI

Kindly complete every section, then email the form to the academy or bring it to your first class.

01 STUDENT DETAILS

FIRST NAME _____ LAST NAME _____

DATE OF BIRTH _____ AGE _____ GENDER _____ SCHOOL / WORKPLACE _____

RESIDENTIAL ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ EMAIL _____

02 PARENT / GUARDIAN (IF STUDENT IS UNDER 18)

FULL NAME _____ RELATIONSHIP _____ PHONE _____ EMAIL _____

03 TRAINING & PLACEMENT

PREVIOUS BHARATANATYAM TRAINING (TEACHER / ACADEMY) _____ YEARS STUDIED _____ LEVEL PREVIOUSLY REACHED _____

BATCH REQUESTED

☐ Prarambha (Beginner) ☐ Pragathi (Intermediate) ☐ Praveena (Advanced)

PREFERRED DAY & TIME _____

04 HEALTH & CONSENT

MEDICAL CONDITIONS, INJURIES OR ALLERGIES GURU SHOULD KNOW _____ EMERGENCY CONTACT (NAME & PHONE) _____

☐ I consent to photographs and video taken during classes and performances for promotional use.

☐ I have read and agree to the Sanskriti Center of Performing Arts school policies and guidelines.

☐ I am happy to receive news, updates, and announcements regarding upcoming classes and workshops.

05 DECLARATION

I confirm the information given above is true and complete, and that the student will observe the academy's policies and the discipline the art form requires.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ REVIEWED BY _____ BATCH ASSIGNED _____