



NRITYA
School Of Indian Dance and Music
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REGISTRATION FORM

Student's Name: _____

Mother's Name*: _____ Father's Name*: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student's E-mail: _____ Parent's E-mail*: _____

Age: _____ DOB: _____ Grade: _____ **New students** - Date Joined: _____

Have you studied Bharathanatyam before? If so, how long, and teacher's name?

Have you studied any other dance forms? Please specify and give details as to what style and how long?

Are you familiar with Carnatic music?

Please list any other activities you are involved in (sports, arts, etc.).

*Optional over 18

Please consult your physician before starting any physical or exercise program. Use your good judgment and perform the moves according to your fitness level so as not to provoke any injuries.

I agree that I will not hold Nritya, its faculty, staff, or the institution or facility associated with the workshop/class liable for any illnesses or injuries that occur while attending the workshop or dance class, nor will they be held responsible for loss or damage to personal property during the workshop/class. I further agree to abide by the rules and understand all rules and regulations of the studio etiquette (no chewing gum, drinks or food in studio) respect of property and other participants.

Signature of student 18 and over

Signature of Parent/guardian (if under 18)

Date