

# Beat the Streets, LLC

37270 Longwood Ave.  
Prairieville, LA.,70769  
j.chris1257@yahoo.com  
225-810-6500

---

## BTS Registration Form

School \_\_\_\_\_

Student Name \_\_\_\_\_  
last first M.I.

Physical Address \_\_\_\_\_  
Street and Number City/State/ZIP

Home Phone # \_\_\_\_\_ Other Phone# \_\_\_\_\_ Age \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Ethnicity/Background (circle one) Black Hispanic White Asian  
Native American Other

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

Please indicate a primary (1) and secondary (2) instrument of interest or Auxillary.

\_\_\_ Tuba \_\_\_ Mello \_\_\_ General Percussion  
\_\_\_ Trumpet \_\_\_ Trombone \_\_\_ Other  
\_\_\_ Snare Drum \_\_\_ Clarinet  
\_\_\_ Tenor Drum \_\_\_ Flute \_\_\_ Majorette/Twirler  
\_\_\_ Bass Drum \_\_\_ Saxophone \_\_\_ Flag Line  
\_\_\_ Cymbals \_\_\_ Baritone \_\_\_ Dance Team

Participant's Physician/Family Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Medication: Yes No (if yes, please specify) \_\_\_\_\_

Other Health Concerns \_\_\_\_\_

In case of an emergency (other than Parent/Guardian) please call:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

I hereby give my child, \_\_\_\_\_, permission to participate in BeatTheStreets, I will sign a waiver form stating that I understand BeatTheStreets, LLC does not assume responsibility for injury. In case of an emergency, I hereby give permission to BeatTheStreets, LLC to secure proper medical treatment for my child in the event of an accident.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian Date

