

BALLET ARTS ACADEMY 2011-2012
Registration and Release Form

STUDENT'S NAME _____ AGE _____ BIRTHDATE _____

NAME ACADEMIC SCHOOL _____ GRADE LEVEL _____

PARENT NAME _____ HOME # _____ WORK# _____

ADDRESS _____ ZIP _____

NAME OF PERSON RESPONSIBLE FOR TUITION PROPOSED _____

ADDRESS _____ ZIP _____ PHONE # _____

Email address: _____ Check here for email updates

Check here if you would like your name shared for carpools and class rosters.

We have read, accept, and agree to have our child follow policies regarding dress requirement , attendance, studio behavior and tuition.

We give our permission to seek any emergency medical treatment for our child that might be necessary if you are unable to contact us.

We understand that Ballet Arts Academy involves physical movement, which may from time to time be strenuous, and that such practice carries some risk of injury.

We acknowledge that it is the students responsibility to inform the instructor at the beginning of class of any injury or other condition that may effect his/her ability to participate, and to inform the instructor immediately if any injury occurs during class. We understand that from time to time during classes offered through Ballet Arts Academy, the instructor may give hands-on assistance to facilitate the understanding of postural alignment, technique and turnout.

We hereby agree to assume full responsibility for any risk, injuries or damages, known or unknown, which the student might incur as a result of participating the classes and /or workshops offered through Ballet Arts Academy. We voluntarily waive any claim we may have against Ballet Arts Academy and its employees.

We have carefully read this release, fully understood and agree to the above.

Parent Signature _____ Date _____

NAME OF PHYSICIAN _____ ALLERGIES _____
_____ / _____

PHONE _____ HOSPITAL _____

CLASS LEVEL _____ TRIMESTER/INSTALLMENT _____

CLASS DAY _____