

# BALLET ARTS

## 2007/2008 Season

Professional Dance Training Since 1962

### REGISTRATION FORM

**STUDENT INFORMATION** - please print.

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street Address Unit/Apt Number

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Parent Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street Address Unit/Apt Number

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

**Are you new to Ballet Arts?** [ ] Yes [ ] No

Previous Dance Training? Where \_\_\_\_\_

Cumulative Dance Training (Years) \_\_\_\_\_

How did you hear about Ballet Arts? (Check all that apply)

[ ] The Acorn [ ] Ventura County Star [ ] Yellow Pages

[ ] Spotlight Mag [ ] Enrichment Guide [ ] Website

[ ] Referred by (other) \_\_\_\_\_

MEDICAL INFORMATION: List any allergies (medications etc.) or pre-existing medical conditions :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician's phone \_\_\_\_\_

**AGREEMENT AND RELEASE:**

I understand that Ballet Arts cannot be responsible for any injuries or damages suffered by \_\_\_\_\_ (Student's Name) during participation in the 2007/2008 Season. With this knowledge, I consent to participate in the program. I further consent to participate in activities in connection with this program. I agree that neither my child nor I, acting as parent, guardian or self, will not institute any legal action or assert any claim against Ballet Arts for any injury or damage experienced by the student during the 2007/2008 season.

In an emergency situation, I hereby grant permission for a staff member at Ballet Arts to seek emergency medical treatment for \_\_\_\_\_ (Name of Student).

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**PHOTO RELEASE AGREEMENT:**

I agree to give Ballet Arts and Conejo Civic Ballet Company, the absolute right and permission to use my or my child's photograph(s) in promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, electronic media (e.g. video, web page on the Internet) or other form of promotion. I release Ballet Arts and Conejo Civic Ballet Co., the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

\_\_\_\_\_  
Name of Student

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

\_\_\_\_\_  
Date

**Registration:** Registration fee is due with completed registration form. Please make checks payable to Ballet Arts. Tuition is due on the first of each month. Payments received after the 10th are subject to a \$10.00 late fee. \_\_\_\_\_ (initial)

10% discount with 5 month pre paid tuition

\_\_\_\_\_ Classes per week

\_\_\_\_\_ Tuition Fee

\_\_\_\_\_ Annual registration fee (\$20 Individual, \$25 Family)

\_\_\_\_\_ Total

**Method of Payment:**

[  ] Cash

[  ] Check

\_\_\_\_\_ Check #

[  ] Visa or Mastercard