

BALLET ARTS

2010/2011 Season

Professional Dance Instruction Since 1962

REGISTRATION FORM

STUDENT INFORMATION - please print.

Student Name _____
Last First

Address _____
Street Address Unit/Appt #

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/Appt #

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 [] Google

[] 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 2010/2011 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 I will not institute any legal action or assert any claim against Ballet Arts for any injury or damage experienced during the 2010/2011 season.

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

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 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.

Student's Name

Signature of Parent or 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 and admittance to class will be suspended until payments are received in full. _____ (initial)

Classes _____

_____ Hours per week

_____ Tuition Fee

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

_____ Total

Payment Method: [] Cash [] Check # _____ [] Charge