



# Balletcenter Studios

## REGISTRATION FORM

REGISTRATION FOR (check one) Balletcenter West \_\_\_\_\_ Balletcenter East \_\_\_\_\_

FOR WHICH CLASSES ARE YOU REGISTERING? Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENTS: \_\_\_\_\_

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

PREVIOUS DANCE TRAINING: \_\_\_\_\_

Where?

How long?

FOR WHICH CLASSES ARE YOU REGISTERING? Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

\$25 REGISTRATION FEE ENCLOSED? \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

### WAIVER OF LIABILITY

The Balletcenter Studios dance program is designed, through dance exercises and routines, to concentrate on technique, coordination, flexibility, strength, stamina, and speed.

I, the undersigned, understand that it is my responsibility to consult a physician with respect to any past or present illness, injury, or any other condition that may affect my/my child's participation in, and ability to endure the Balletcenter Studios dance program.

I, the undersigned, am aware that participation in physical exercise or a dance program may result in accident or injury and I assume the risk connected with participation in this program by myself/my child.

I, the undersigned, acknowledge that Balletcenter Studios will not render any medical services, including medical diagnoses of my/my child's physical condition. I specifically agree that Balletcenter Studios, its instructors, contractors, and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, on account of death, personal injury, property damage or loss of any kind resulting from or related to participation by myself/my child in the Balletcenter Studios dance program, and I agree to hold Balletcenter Studios harmless from same.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### CONSENT FOR MEDICAL TREATMENT

As the parent, agency, representative, or legal guardian, I hereby give consent to Balletcenter Studios to provide emergency medical or dental care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for

\_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please include \$25 Registration Fee**