Balletcenter Studios

REGISTRATION FORM

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) and Time(s)

$25 REGISTRATION FEE ENCLOSED? _____

WAIVER OF LIABILITY

The Music and the Mirror Balletcenter West 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 Music and the Mirror Balletcenter West 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 Music and the Mirror Balletcenter West will not render any medical services, including medical diagnoses of my/my child's physical condition. I specifically agree that Music and the Mirror Balletcenter West, 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 Music and the Mirror Balletcenter West Dance Program, and I agree to hold Music and the Mirror Balletcenter West harmless from same.

_____

Signature Date

CONSENT FOR MEDICAL TREATMENT

As the parent, agency, representative, or legal guardian, I hereby give consent to Music and the Mirror Balletcenter West 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