

Office Use Only
Reg. Fee _____
Base Tuition _____
Add Ons _____
Total Tuition _____

Office Use Only
Date Received _____
New _____ Returning _____
Level _____

Registration Form 2009-10

Registration Forms are required for each individual student. Please print legibly.

Students Name _____ Date of Birth _____ Age (as of 9/08) _____

HomePhone _____ EMail _____

Address _____ City _____ State _____ Zip _____

Name of Academic School _____ Grade _____

Parent/Guardian #1 _____ Work Phone # _____

Cell Phone # _____

Parent/Guardian #2 _____ Work Phone # _____

Cell Phone # _____

Emergency Contact (if different from parent's cell phones)

Name _____ Phone # _____

Academy of Int'l Ballet will NOT release any of the above information to anyone outside of the studio without your permission.

For New Students Only

Previously trained with _____

How long? _____ years

How did you find Academy of Int'l Ballet? (e.g. web, friend, performance) _____

2008-09 Class Schedule

Please include all requested classes in the schedule below.

Sample: Class X Intermediate II tech	Day Monday	Time 5:30 pm
Class 1 _____	Day _____	Time _____
Class 2 _____	Day _____	Time _____
Class 3 _____	Day _____	Time _____
Class 4 _____	Day _____	Time _____
Class 5 _____	Day _____	Time _____
Class 6 _____	Day _____	Time _____

Student Directory

Would you like to be included in the Student Directory? The information contained in the directory is for the use of students and their parents. The directory will list: **Name of Student, Dance Level, Address, Home Phone Number, Parent's E-mail Address, Name of Mother, Name of Father.** The directory is a useful tool for carpooling, volunteering and play dates. Please note that **you WILL be listed** if you leave this section blank.

- () List all the information in the Student Directory
- () Do not list any information in the directory
- () List only the following information (circle ones that apply)

Name of Student **Dance Level** **Address** **Home Phone Number**

Parent's E-mail **Mother's Name** **Father's Name**

Photo Permission

Occasionally we like to use student's photographs from classes or performances in our brochures, flyers, or on the web site. Please sign below if you give us your permission to use your child's photograph.

I give Academy of Int'l Ballet & IBC permission to use my daughter/son's photograph(s) in publications and/or on the website.

Student Name _____ Parent /Guardian Signature _____

Liability Waiver/Release

2008/2009

Must be signed for student to participate in classes and performances.

Please read carefully before signing.

I _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including, but not limited to, serious physical injury. The participant hereby agrees to participate in activities of the Academy of International Ballet and International Ballet Classique and hereby agrees to indemnify and hold harmless Academy of International Ballet and International Ballet Classique, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the Academy of International Ballet and International Ballet Classique. The participant also agrees to indemnify Academy of International Ballet and International Ballet Classique for any damages incurred arising from any claims, demand, action or course of action by the participant. The participant authorizes any representative of Academy of International Ballet and International Ballet Classique to have the participant treated in any medical emergency during their participation in activities of the Academy of International Ballet and International Ballet Classique. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. Any special medical/health problems or needs of which the staff should be aware are outlined in an attached form.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE. ADDITIONALLY, I HAVE READ AND AGREE TO ABIDE BY ALL STUDIO POLICIES AND PROCEDURES.

Student's Name (please print)

Signed Date

Parent/Guardian (if participant is under 18) (please print)

Signed Date