BALLET ARTS STUDIO

REGISTRATION for BALLET INTENSIVE 2018 Date:

Student Name _____ **D/O/B** _____

Parents' Names _____

Address _____ **City** _____ **Zip** _____

PHONE: (Home) _____ **Cell (Mom)** _____

Email _____ **Cell (Dad)** _____

Emergency Contact _____

Emergency Contact Phone _____ **Relationship** _____

Tuition	**$ 375**	**Mail signed form and deposit to:**
Registration Deposit	**$ 75**	**Ballet Arts Studio**
Balance Due (by August 6, 2018)	**$ 300**	**107 Teller Ave. Beacon, NY 12508**

New Students: How did you hear about the studio? _____

List prior dance experience below: Number of years on pointe? _____

Class (*Ballet, Modern, Jazz, etc . . .*)	Name of School/Teacher	Year(s)	Days per Week
1.			
2.			
3.			
4.			
5.			

Please Read and Sign

I hereby release Alex Bloomstein, Ballet Arts Studio, LLC, The Dutchess Dance Company and The Young People's Performance Company, Inc., and all employees, independent contractors, agents, and assigns (the "Studio") from any liability that may arise out of my child's participation in any classes, workshops or events, or arise out of being at the studio at any time. I acknowledge that a doctor should be consulted prior to commencing an exercise or dance program, and I state that my child is free of any injury or ailment that prevents my child from engaging in the Studio's classes.

I grant the Studio permission to use my child's photograph, and/or any electronic media or video taken while participating in any activities at the Studio. I hereby release the Studio from all claims ensuing from or in connection with the use of the photographs, electronic media and/or video, including, but not limited to, claims for libel, invasion of privacy and unauthorized use by others.

Signed on behalf of (please print student's name) _____

Please circle one PARENT GUARDIAN and sign: _____

Please print name: _____