



BALLET ARTS STUDIO

REGISTRATION for 2017 – 2018

Registration Date: / / 2017

New Students: How did you hear about the studio _____

Student Name _____ D/O/B _____

Parents' Names _____

Address _____ City _____ Zip _____

PHONE: (Home) _____ Cell (Mom) _____

Email _____ Cell (Dad) _____

Emergency Contact _____

Emergency Contact Phone _____ Relationship _____

Registration Fee \$ 25.00

Tuition Payment – (See Tuition Schedule) \$ _____

TOTAL \$ _____

List the class(es) desired to be taken:

Class (<i>Ballet, Modern, Tap, etc . . .</i>)	Level	Day	Time
1.			
2.			
3.			
4.			
5.			

Please Read and Sign

I hereby release Alex Bloomstein, Ballet Arts Studio, LLC, Ballet Arts Studio, The Dutchess Dance Company, Dance Beacon and The Young People's Performance Company, Inc., and all employees, independent contractors, agents, and assigns from any liability that may arise out of my/my child's participation in any classes, workshops or events, or arise out of being on the premises at any time and for any reason. I acknowledge that a physician should be consulted prior to commencing an exercise or dance program, and I state that I am/my child is free of any known disability, impairment, or ailment that prevents me/my child from fully engaging in the studio's exercise or dance classes.

This release is signed on behalf of (please print student's name) _____

Please circle one **SELF** **PARENT** **GUARDIAN** and sign: _____

Please print your name: _____

Please sign & date the Model Release. Thank you.