



BALLET ARTS STUDIO

REGISTRATION for 2019 – 2020

Registration Date: / /2019/2020
(circle year)

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) \$ _____

List the class(es) desired to be taken: TOTAL \$ _____

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, Dutchess Dance Company, Dance Beacon 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 or my child's participation in any classes, workshops or events, or arise out of being on the premises at any time. 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 impairment or ailment that prevents me/my child from fully engaging in the Studio's classes.

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

I have read and understand all of the Studio's policies and requirements, including the attendance, dress code and behavior policies and requirements, and I (and my child) agree to the policies and requirements.

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

Please circle one SELF PARENT GUARDIAN and sign: _____

Please print your name: _____