

Exclusively Ballet & Dance
2017 SUMMER Registration Form
Visa/Master Card Now Accepted

STUDENT NAME: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian name: _____

Address: _____ City: _____ Zip: _____

Home phone: _____

Work phone: _____ Cell phone: _____ Relation to student: _____

Work phone: _____ Cell phone: _____ Relation to student: _____

E-mail address: _____

Emergency contact name: _____ Phone number: _____

Emergency contact name: _____ Phone number: _____

Student Information

Sex: _____

Date of Birth: _____

Age: _____

Grade: _____

Billing Contact Information

Billing Contact Name: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Cell phone: _____

General Information

How did you find out about Exclusively Ballet & Dance: _____

Mark all discipline(s) in which trained: Ballet _____ Jazz _____ Tap _____

New students please list previous training:

Where: _____

Years: _____

Where: _____

Years: _____

Over>>>>>>>>>>

Class(es) Registering For:

Class Level	Class Name	Day(s)	Time

MANDATORYPLEASE INDICATE THE WEEKS YOU WILL ATTEND:**

Summer 2017

- Week 1 (June 5-8)
- Week 2 (June 12-15)
- Week 3 (June 19-22)
- Week 4 (June 26-29)

BREAK~School Closed July 3-9

- Week 5 (July 10-13)
- Week 6 (July 17-20)
- Week 7 (July 24-27)

IMPORTANT INFORMATION

Registration

- Fee Amount
 - One student per family \$35.00
 - Two or more students per family \$50.00
 - **Non-Refundable** and must accompany your registration form.

REGISTRATION AGREEMENT

I have read, understand and agree to abide by the policies and fee requirements of Exclusively Ballet & Dance. Enclosed is my registration fee to hold my child's place in class.

Student Signature _____ Date _____

Parent Signature _____ Date _____

REGISTRATION AGREEMENT
Please read the following carefully

This form **MUST be signed** by a **parent or legal guardian** if the student(s) is/are under the age of 18.

RELEASE FROM LIABILITY: I do hereby release Exclusively Ballet and Dance and its staff from any liability occurring on or around studio premises, or at any function held at locations in connection with the dance classes in which the student(s) named above is/are enrolled. I declare that the student(s) named above is/are in good health and can participate in dance education classes. Given the nature of dance classes, and with the knowledge that injuries sometimes might occur, I have taken necessary steps to obtain accident, health, or hospitalization insurance which would cover any sustained injury. In the event of an injury or emergency when I cannot be contacted, I give my permission for you to obtain medical services for student(s) named above.

Further, I grant Exclusively Ballet and Dance employee's permission to authorize any emergency medical treatment that may be required for my child during the season.

AUTHORIZATION FOR ENROLLMENT: I authorize Exclusively Ballet and Dance to enroll the student(s) named on this form in dance classes, and I accept responsibility for the payment of tuition for those classes for which the student(s) is/are registered. I understand that classes with an enrollment of less than six pupils are subject to cancellation.

Signature of Student

Date

Signature of Parent/Guardian if student is a minor

Date

My **MEDICAL INSURANCE** is offered through:

Insurance Company

Policy #

Coverage Dates

Parent Signature _____ Date _____