

# ACADEMY OF BALLET Student Enrollment Form

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\_\_\_\_\_  
Last Name                      First                      Middle                      Class

\_\_\_\_\_  
Street address                      City                      State                      Zip

\_\_\_\_\_  
Mailing Address (If different)

\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone                      E-Mail

\_\_\_\_\_  
Academic School                      Grade                      Date of Birth

\_\_\_\_\_  
Parent Name                      Home Phone                      CellPhone                      Work Phone

\_\_\_\_\_  
Parent Name                      Home Phone                      CellPhone                      Work Phone

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Name                      Phone                      Relation to the Student

\_\_\_\_\_  
Person responsible for tuition payments:

\_\_\_\_\_  
Name                      Address

\_\_\_\_\_  
Previous dance training (instructors, years studied, classes per week):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Health conditions the school should be aware of:

\_\_\_\_\_

\_\_\_\_\_  
How did you hear of the Academy of Ballet:

\_\_\_\_\_

\_\_\_\_\_  
Date of registration                      Signature (parent or guardian)

READ AND SIGN BELOW

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE  
MUST BE COMPLETED BEFORE CLASS

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of The Academy of Ballet classes, rehearsals, performances, or activities. I also exempt, release, and indemnify The Academy of Ballet, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by The Academy of Ballet. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold The Academy of Ballet, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted The Academy of Ballet to use photographs of students for publicity purposes.

I have read, understood and agree to be bound by the above statement (please print your name, sign & date):

PRINTED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

If under 18, parents or legal guardian must sign

FOR: \_\_\_\_\_

Name of Student

DATED: \_\_\_\_\_