BALLET ARTS STUDIO

REGISTRATION for BALLET INTENSIVE 2017 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 4, 2017)	**$ 300**	**107 Teller Ave. Beacon, NY 12508**

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

List prior dance experience below: If on pointe, number of years on pointe? _____

ALL PLACEMENT DECISIONS WILL BE MADE BY BALLET ARTS STUDIO FACULTY.

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 and all employees, independent contractors, agents, and assigns from any liability that may arise out of my child's participation in any classes, workshops or events, or arise out of being on the premises before, during or after class. I state that my child is free of any known disability, impairment, or ailment that prevents my child from engaging in the studio's exercise or dance classes.

I grant Ballet Arts Studio, LLC permission to use my child's photograph, and any electronic media or video taken while participating in any activities of Ballet Arts Studio, LLC. I hereby release Alex Bloomstein and Ballet Arts Studio, LLC, from all claims ensuing from or in connection with the use of the photographs, electronic media or video, including, but not limited to, claims for libel and 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: _____