



DANCE BEACON™

BALLET ARTS STUDIO™

REGISTRATION 2011 - 2012 Date: / /2011

Student's 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 (with \$100 deposit, if needed) \$ _____

Tuition Payment (See Fee Schedule) \$ _____

TOTAL \$ _____

List the class(es) being taken:

Class (<i>Ballet, Modern, African, etc . . .</i>)	Level	Day	Time
1.			
2.			
3.			
4.			
5.			
6.			

Please Read and Sign

I hereby release Alex Bloomstein, Ballet Arts Studio, 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 before, during or after class.

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 engaging in exercise or dance classes.

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

Please SIGN and CIRCLE ONE: SELF PARENT GUARDIAN PLEASE PRINT NAME

Please sign the Model Release on back (or on separate sheet). Thank you.