

# The Academy of Ballet

## Registration Form

Year 2022-2023

Date\_\_\_\_\_

Name of student \_\_\_\_\_ Date of Birth\_\_\_\_\_

Billing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name of Father (or Guardian) \_\_\_\_\_ Phone \_\_\_\_\_

Name of Mother (or Guardian) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Training:

Number of Years	School	Class Level(s)
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List any physical limitations or disabilities that would be affected by dance exercise:

I accept the terms of the tuition policy as stated in the school brochure, online terms and class schedule. I agree that *The Academy of Ballet* is not responsible for injuries or accidents that occur during instruction while on or off the school's premises, nor for items that are lost or stolen.

Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please complete this form and give to *The Academy of Ballet* along with the \$20.00 per student (\$30.00 for family) Registration fee. Thank you.

Class Assignment (by Teacher) \_\_\_\_\_