

The Academy of Ballet

Registration Form

Please use print so we can see clearly

Year 2021-2022 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) |
|-----------------|--------|----------------|
|-----------------|--------|----------------|

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) _____
