

Office Use Only
 Reg. Fee _____
 Base Tuition _____
 Add Ons _____
 Total Tuition _____



Office Use Only
 Date Received _____
 New _____ Returning _____
 Level _____

Registration Form 2010-11

Registration Forms are required for each individual student. Please print legibly.

Students Name _____ Date of Birth _____ Age _____

Home Phone _____ E-Mail(Parents) _____

E-Mail(Upper Division Dancers) _____

Address _____ City _____ State _____ Zip _____

Name of Academic School _____ Grade _____

Mother/Parent/Guardian #1 _____ Work Phone # _____

Cell Phone # _____

Father/Parent/Guardian #2 _____ Work Phone # _____

Cell Phone # _____

Emergency Contact (if different from parent's cell phones)

Name _____ Phone # _____

Classical Ballet Theatre will NOT release any of the above information to anyone outside of the studio without your permission.

For New Students Only

Previously trained with _____ How long? _____ years

How did you find Classical Ballet Theatre? (e.g. web, friend, performance) _____

2010-11 Class Schedule

Please include all requested classes in the schedule below.

Sample: Class X intermediate Day Monday Time 6-7:30 pm

Class 1 _____ Day _____ Time _____

Class 2 _____ Day _____ Time _____

Class 3 _____ Day _____ Time _____

Class 4 _____ Day _____ Time _____

Class 5 _____ Day _____ Time _____

Class 6 _____ Day _____ Time _____

T-Shirt Size

Every student receives a Classical Ballet logo T-shirt with paid registration. Please circle student's size.

Girl's sizes: S(6-8) M(10-12) L(14-16) Women's sizes: S(2-4) M(6-8) L(10-12) Boys sizes: S(6-8) M(10-12) Men's sizes: S, M, L, XL

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Student Directory

Would you like to be included in the Student Directory? The information contained in the directory is for the use of students and their parents. The directory will list: **Name of Student, Dance Level, Address, Home Phone Number, Parent's E-mail Address, Name of Mother, Name of Father.** The directory is a useful tool for carpooling, volunteering and play dates. Please note that you WILL be listed if you leave this section blank.

- () List all the information in the Student Directory
() Do not list any information in the directory
() List only the following information (circle ones that apply)

Name of Student	Dance Level	Address	Home Phone Number
Parent's E-mail Address	Mother's Name	Father's Name	

Photo Permission

Occasionally we like to use student's photographs from classes or performances in our brochures, flyers, or on the web site. Please sign below if you give us your permission to use your child's photograph.

I give Classical Ballet Theatre permission to use my daughter/son's photograph(s) in publications and/or on the website.

Student Name _____ Parent /Guardian Signature _____

Liability Waiver/Release

2010/2011

Must be signed for student to participate in classes and performances.

Please read carefully before signing.

I _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including, but not limited to, serious physical injury. The participant hereby agrees to participate in activities of the Classical Ballet Theatre of Northern Virginia and hereby agrees to indemnify and hold harmless Classical Ballet Theatre, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the Classical Ballet Theatre of Northern Virginia. The participant also agrees to indemnify Classical Ballet Theatre for any damages incurred arising from any claims, demand, action or course of action by the participant.

The participant authorizes any representative of Classical Ballet Theatre of Northern Virginia to have the participant treated in any medical emergency during their participation in activities of the Classical Ballet Theatre. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

Any special medical/health problems or needs of which the staff should be aware are outlined in an attached form.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE. ADDITIONALLY, I HAVE READ AND AGREE TO ABIDE BY ALL STUDIO POLICIES AND PROCEDURES.

Student's Name (please print)

Signed _____ Date _____

Parent/Guardian (if participant is under 18) (please print)

Signed _____ Date _____