

*SCARSDALE BALLET STUDIO*

*696R White Plains Road*

*Scarsdale, New York 10583*

914-725-8754 Fax: 914-725-1781

REGISTRATION FORM 2010-2011

Today's Date \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Parents \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Business# \_\_\_\_\_ Emergency # \_\_\_\_\_

Email \_\_\_\_\_ Emergency # \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Fall 9/11/10-1/29/11 \_\_\_\_\_ Spring 1/31/11-6/11/11 \_\_\_\_\_ Full Year \_\_\_\_\_

Min. deposit: \$300. Yearly registration fee: \$30. Balance payable in two installments:\* the first is due 8/27/10 and the second installment plus a \$35 recital costume fee is due on 1/14/11. Payment plans are available. Call for information. No refunds after the second class. \*Creative 3, 4, and 5 due at registration.

For office use:

Tuition \_\_\_\_\_

Credit Card \_\_\_\_\_

Deposit \_\_\_\_\_

vCode \_\_\_\_\_ Exp. \_\_\_\_\_

Balance \_\_\_\_\_

Check# \_\_\_\_\_

Entered \_\_\_\_\_

Cash \_\_\_\_\_

PUBLICITY WAIVER

I do \_\_\_ do not \_\_\_ give permission for photographs of my child \_\_\_\_\_ to appear in press releases and advertisements for the Scarsdale Ballet Studio.

I do \_\_\_ do not \_\_\_ give permission for photographs and/or film clips of my child \_\_\_\_\_ to appear on the Scarsdale Ballet Studio's website.

WAIVER OF LIABILITY

I understand that there is a risk of potential injury associated with dance classes /rehearsals/ performances. I represent that \_\_\_\_\_ is in good health and physically capable of participating in ballet/stretching/dance classes, rehearsals and performances. On behalf of myself and the above named student I hereby waive and release any claim against the Scarsdale Ballet Studio, Diana White, the faculty, employees, and counselors of the Scarsdale Ballet Studio arising out of a personal injury occurring in connection with classes, rehearsals or performances or otherwise occurring in or around the ballet studio or other location of rehearsals or performances. I accept responsibility for obtaining appropriate accident, health, and hospitalization insurance to cover the student in the event of personal injury. In the event of injury or other medical emergency, if I cannot be reached, I authorize a representative of the Scarsdale Ballet Studio to seek any medical assistance reasonably required and agree to be responsible for any medical expenses incurred on behalf of the student. I have read the above information and agreed to this release.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # 1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

Please list allergies and medications:

\_\_\_\_\_

For additional classes:

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_