

SCARSDALE BALLET STUDIO

696R White Plains Road

Scarsdale, New York 10583

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

REGISTRATION FORM 2009-2010

Today's Date _____

STUDENT'S NAME _____

Date of Birth _____ Age _____

Name of Parents _____

Address _____

City _____ State _____ Zip Code _____

Home# _____ Cell# _____

Business# _____ Emergency # _____

Email _____ Liability form on file: Yes ___ No ___

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Use back of form for additional classes.

Fall 9/11/09-1/31/10 _____ Spring 2/1/10-6/12/10 _____ Full Year _____

Min. deposit: \$300. Yearly registration fee: \$30. Balance payable in two installments: * the first is due 9/2/09 and the second installment plus a \$30 recital costume fee is due on 1/19/10. 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 _____

How did you hear about us? _____

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 _____