



696R White Plains Road
Scarsdale, NY 10583
(In the back of the
Vernon Hills Shopping Center)

SCARSDALE
BALLET
STUDIO

P. 914.725.8754
F. 914.725.1781
E-mail: scarsdaleballetstudio@verizon.net
www.ScarsdaleBalletStudio.com

2011-2012 — Registration Form

Today's date _____

Student's name _____ Date of birth _____ Age _____

Parent/Guardian name _____

Street address _____

City _____ State _____ Zip code _____

Home # _____ Work # _____ Cell # _____

Email address _____

Emergency Contact #1 _____ Relationship _____

Emergency Contact #2 _____ Relationship _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

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Payment

Min. deposit: 1 – 2 classes, \$300.00; 3-5 classes, \$600.00; 6 or more classes, \$900.00; Tuition for Creative classes is due in full at enrollment.

Yearly registration fee: \$40.00; Costume fee: TBA

Tuition	_____
Registration	_____
Costume	_____
Sibling Discount	_____
Deposit	_____
Net amount due	_____

Payable in two installments:

Aug. 29th 2011	\$ _____
Jan. 23rd 2012	\$ _____

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Waiver of Liability

I/we understand that there is a risk of potential injury associated with dance classes, rehearsals, and performances. I represent that the below-named student/dependent minor 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 I 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.

Student name (printed) _____

Parent/Guardian name (printed) _____

Parent/Guardian signature _____ Date _____

Phone #1 _____ Phone #2 _____

Emergency Contact #1 _____ Relationship _____

Emergency Contact #2 _____ Relationship _____

Please list allergies and medications _____

Photo Release

I, _____, hereby consent to the use and reproduction limited by Scarsdale Ballet Studio ("SBS") of photographic image(s) of my minor child _____ in advertising and promotion in perpetuity in all manner and all media, including, but not to, print and internet. I agree not to hold SBS or its agents responsible, under any circumstances, for any action which occurs as a result of this use. I understand that the internet is accessible by the public, and that SBS shall not be responsible for any unauthorized use of said image(s). If, however, I indicate in writing that I would like my child's image to be removed from the SBS website, SBS agrees to do so. I agree that I will not be compensated for the use of my child's image(s).

Parent/Guardian signature _____ Date: _____

Street address _____

City _____ State _____ Zip code _____