

El Paso Ballet Theatre- Registration Form

PLEASE PRINT CLEARLY

PROVIDE ALL INFORMATION REQUESTED. SIGN AND DATE.

Reg. Packet	

		Email (parent)
Date of Birth	Age	Email (student)
Parents' Names _		
		<u>Emergency</u>
Street Address		Contact Person(s)
City, State Zip		Relation to Student
Phone 1		Emergency Phone(s)
Phone 2		[
	aining: Previous dance stud	dio(s) and instructor(s):
	it's medical or physical conditions o	or injuries (e.g., asthma, allergies, scoliosis, bone fractures, etc.) that nen engaging in strenuous physical activity:
Photographs and to allow images of Theatre for displant *I agree to make will be allowed to the school's enrole	videos may be taken of the dancers of myself/my child to be used by El sy, publicity or other purposes. Tuition payments on time and to p make up missed classes, but Tuition	onsible for any accidents or injuries that may occur on its premises. from time to time during class, in rehearsal, or on stage. I consent Paso Ballet Theatre School or its resident company El Paso Ballet pay other applicable charges by the specified deadlines. Students on and Fees are non-refundable. I have read and understand all of Date Date
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Photographs and to allow images of Theatre for display *I agree to make will be allowed to the school's enrol *ADULT STUDEN* FOR OFFICE U Enrolling for level	videos may be taken of the dancers of myself/my child to be used by El try, publicity or other purposes. It tuition payments on time and to purpose to make up missed classes, but Tuition Illment policies. IT or PARENT SIGNATURE: SE ONLY (do not write in this box) el Classes per weel Monthly Annual Registration	from time to time during class, in rehearsal, or on stage. I consent Paso Ballet Theatre School or its resident company El Paso Ballet pay other applicable charges by the specified deadlines. Students on and Fees are non-refundable. I have read and understand all of Date Date L Qtr (5% discount)