



**NEW ENROLLMENT FORM**  
**\*Please print & complete all information\***

Student Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

School/Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If Different from above, Payment Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Medical Authorization:**

Permission is hereby granted to transport above named participant to a doctor or hospital in case of emergency due to illness or injury when unable to locate parent/guardian.

Name of Physician: \_\_\_\_\_

Insurance Policy and Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List any Medical Issues/Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In consideration of \_\_\_\_\_ (participant name) being permitted to participate in classes, workshops, or performances, by signing below, I release Ballet Tennessee, Inc. from any and all liability for any and all loss and damage, on account of any injury or loss suffered by the participant. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that if any portion is held invalid, that the balance shall continue in full legal effect. I give permission for the use of my child's image (my image) in all media and advertising used by Ballet Tennessee. I confirm that I read and understand the policies for Ballet Tennessee.

\_\_\_\_\_  
Signature (of parent/guardian if student is under 18 years of age) Date: \_\_\_\_\_