

Bluebirds Ballet Academy Dance Workshop Registration Form

Student's Last Name: _____

Student's First Name: _____

Telephone Number: _____

Email Address: _____ Mailing

Address: _____

City: _____ State: _____ Zip Code: _____

Place of Employment (if applicable): _____

[For NEW Students only] Has Student had previous dance training? YES ____ NO ____ If "yes",
information regarding previous training (years taken, prior instructor(s), type of dance classes taken):

PARENT(S)/GUARDIAN CONTACT INFORMATION (FOR MINORS)

Parent/Guardian Name #1: _____

Phone No.: _____ Place of Employment: _____

Email: _____

(please print clearly-this is our main form of communication with you)

Parent/Guardian Name #2: _____

Phone No.: _____ Place of Employment: _____

Email: _____

EMERGENCY CONTACT INFORMATION (other than Parent(s)/Guardian)

Name: _____

Relationship: _____ Phone No.: _____

Physician: _____ Office Phone: _____

Preferred Hospital in case of emergency: _____

DISCOUNTS: Receive 10% off your total if you register for two workshops. Receive 20% off your total when you register for more than two workshops. College students receive 15% off one or two workshops, and 25% off their total when they register for more than two workshops.

WAIVER

"I understand that there is a risk of personal injury associated with dance classes and performances. I represent that the above-named Student, _____, is in good health and is physically capable of participating in dance classes and performances. On behalf of myself and/or the above-named Student, I hereby waive and release any claim against Bluebirds Ballet Academy, its employees, contractors, and landlord, including but not limited to Vale Real Estate Investments, LLC, arising out of personal injury occurring in connection with classes, performances or otherwise occurring in or around Bluebirds Ballet Academy's dance studio or other location of classes or performances, including but not limited to the Acadiana Center for the Arts. 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 an injury or other medical emergency and I cannot be reached, I authorize Bluebirds Ballet Academy to seek any medical assistance reasonably required and agree to be responsible for any medical expenses incurred on behalf of the Student."

MEDIA RELEASE

"I understand that photography and/or video may be taken of Student during dance classes, and I give Bluebirds Ballet Academy and Vale Real Estate Investments permission to use Student's image for advertising, social media or other such legitimate business purposes."

Please sign below, indicating your agreement to the Waiver, Media Release, and the Policies set forth on our website, www.bluebirdsballetacademy.com.

Parent's/Guardian's signature or Student's signature (if 18 years or older):

Printed Name: _____

Please return this form, along with the amount due for each Workshop registered for, to Bluebirds Ballet Academy, 1007 East St. Mary Blvd., Lafayette, LA 70503. Checks can be made to Bluebirds Ballet Academy.