CLASSICAL
BALLET
ARTS

2014/2015
REGISTRATION

Student's name_____Birthdate_____

Address_____Phone#_____

Parent Information

1)Name_____Home Phone_____

Address_____Work Phone_____

_____Cell Phone_____

Email _____

2)Name_____Home Phone_____

Address_____Work Phone_____

_____Cell Phone_____

Email _____

EMERGENCY CONTACTS

Name_____Relationship_____

Telephone_____

Name_____Relationship_____

Telephone_____

CLASSICAL
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Previous Ballet Training?_____

If Yes, Where?_____

Teacher_____

# of Years_____

HEALTH HISTORY

Does your child have any pre-existing medical conditions?_____

If yes, please specify_____

Allergies?_____

Child's Physician_____Phone#_____

If Medical attention is required, I understand that every effort will be made to contact me. If I cannot be reached, I give permission for teachers or administrators to begin emergency treatment, transport to a hospital, and treatment as deemed necessary by Medical Professionals.

SIGNATURE_____DATE_____

Hospital Preference?_____
Do you give permission to CLASSICAL BALLET ARTS to use your child's photograph in Newsletters and/or advertisements? YES_____ NO_____ CBA Website? YES___ NO___

I Agree to NOT HOLD LIABLE, Classical Ballet Arts, or any associates, including parent volunteers and guest teachers, where classes or performances are held, for any damages resulting in injury or illness incurred while my child participates in this program. I further acknowledge that I have read, and agree to the terms of the tuition policies of Classical Ballet Arts.

SIGNATURE_____DATE_____