



# NUTCRACKER 2019

## REGISTRATION FORM

### YOUNG DANCERS PERFORMANCE PROGRAM - *NEW ROCHELLE*

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
Last First M.I.

ADDRESS: # STREET \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Please note that most communication will occur by email**

SCHOOL ATTENDED IN FALL: \_\_\_\_\_

REGISTERING FOR (mark all applicable):

- BALLET 1** (ages 3-7) |
- BALLET 2** (ages 8 and older) |
- HIP HOP** (all ages)

**WAIVER:** Recognizing the possibility of physical injury associated with ballet and other forms of dance, and in consideration for the Ajkun Ballet Theatre accepting the applicant to participate in its ballet program and activities, I hereby release, discharge and forever hold harmless the Ajkun Ballet Theatre, its affiliated organizations, sponsors, their associated personnel, including the owners and managers of the theatres and facilities utilized for the program, against any claim by or on behalf of the registrant that may arise from the registrant's participation in the program. I further agree that I will not hold the Ajkun Ballet Theatre or any of its agents responsible for any article lost or stolen while I am participating in the program. I, as a parent/guardian of the participant, attest that there is no existing medical condition that indicates that the participant should not be taking part to ballet training and, in general, physical activities as such. I, hereby, confirm that a duly licensed Doctor of Medicine has verified the information I am providing to Ajkun Ballet Theatre. The participant and parent/legal guardian/financial guarantor give permission to Ajkun Ballet Theatre to photograph and videotape him/her, during the time he/she is enrolled, for future publicity, press and/or any other purposes that will forever remain solely property of The Ajkun Ballet Theatre.

PARENT'S MOBILE PHONE TO CALL IN CASE OF EMERGENCY: \_\_\_\_\_



Printed Name and Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE that Ajkun Ballet Theatre will accept participants on a First-Come, First Serve basis, within the limit of places available. We strongly advise Early Registration.**

#### To Complete your Registration:

1. Please mail form and donation by check made payable to AJKUN BALLET THEATRE to:  
Ajkun Ballet Theatre- Young Dancers Program, 30 Pilot Street, suite 3 L, NYC, NY 10464-1631
2. Email form and donation receipt (payment accepted by QuickPay/Zelle or PayPal) to [ajkun@aol.com](mailto:ajkun@aol.com)  
**PLEASE NOTE THAT WE MAY BE UNABLE TO LOCATE PAYMENT IF RECEIPT IS NOT ATTACHED**

Minimum Donation paid by check or QuickPay: \$47.50 (per child, per program) or \$95.00 (per child, ballet AND hip hop)  
Minimum Donation paid by PayPal: \$52.50 (per child, per program) or \$105.00 (per child, ballet AND hip hop)

**AjkunBT Young Dancers Performance Program EMAIL: [ajkun@aol.com](mailto:ajkun@aol.com)**