

THE SCHOOL OF CLASSICAL BALLET LLC

***Intensity 2013* Registration Form**

Monday, August 5th-Friday, August 9th

Name of Student _____

Present Age _____ Date of Birth _____ Grade _____

Name of Parent/Guardian _____

Street Address _____

Telephone _____

Email Address _____

Our primary form of communication is email. If you do not have access to the Internet please indicate the best way to reach you.

How did you hear about us? _____

Please list all previous dance training: _____

Does child have any physical considerations? Yes _____ No _____

If yes, please explain _____

Permission to leave the Dance Complex during lunch or snack:

I give my child permission to leave with a chaperoned group. Yes _____ No _____

Tuition _____ \$300.00 _____

Registration Fee _____ \$15.00 _____ (new students only)

Total Enclosed _____

OVER- PLEASE FILL OUT PAGE 2

It must be understood that classes offered by the School of Classical Ballet involve strenuous physical exertion. Completion and signature of this form releases the school from any responsibility or liability for any stress, strain or injury resulting from class participation.

After registration has been received should the student for whatever reason be unable to attend, withdraw, be excused, or be absent, we will be unable to refund payments.

Parent/guardian signature _____

Parent/guardian please print name _____

Today's date _____

We will hold a space for you when we receive this form and tuition.

Please make your check payable to:
The School of Classical Ballet LLC

And mail to:
The School of Classical Ballet LLC
7 Mullins Court #1
East Cambridge, MA 02141

We update our website and brochure every term and we would like to use photos of our students in these publications.

Photo Release Form

I hereby give my consent for The School of Classical Ballet to use my child's/ children's photograph and likeness in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor child/ children and myself and attest that I am the parent or legal guardian of the child/ children listed below.

Parent Signature: _____ Date: _____

Name and Age of Minor Child/Children:

Name: _____ Age: _____

Name: _____ Age: _____