

The Ballet & Dance Center

Enrollment Form 2015-16

Date _____

Name _____

Address _____

Parent/Guardian _____

(If under 18 years of age)

Cell #1 _____ Cell #2 _____ Cell #3 _____
(Mom) (Dad) (Dancer)

Date of Birth _____ Age _____ Grade Fall '15 _____

Emergency Contact/Phone # _____

(if you can not be reached at the above phone #'s)

Parent Email _____ Dancer Email _____

How did you hear about us? _____

Please enroll me for the following class(es):

Class Name/Level/Day/Time

Class Name/Level/Day/Time

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Medical conditions, medications or restrictions _____

(All information will be held confidential)

I, the above-named dancer, or the parent or guardian of the above-named dancer, understand that Dance is a hazardous activity from which all risk of injury cannot be eliminated. I consent to the above-named dancer's participation in The Ballet & Dance Center's activities and I assume the risks incidental to the participation in such activities.

Signature of adult dancer/parent/guardian:

_____ Date _____

Call 446-6600 or email kfalcone@TheBalletAndDanceCenter.com