

# 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](mailto:kfalcone@TheBalletAndDanceCenter.com)**