

**STUDENT REGISTRATION FORM****2020-2021**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_ Grade \_\_\_\_\_

Mother/ Legal Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/ Legal Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

In case of emergency, please list a contact person:

Name &amp; Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name &amp; Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How many years of previous ballet training? \_\_\_\_\_ School \_\_\_\_\_ Pointe? \_\_\_\_\_

**If your child has any allergies or other health concerns, please write below or attach a separate sheet with any information the instructor should know** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ballet Class Level \_\_\_\_\_ In-Studio \_\_\_\_\_ Online via Zoom \_\_\_\_\_

Day(s) of Week and Time \_\_\_\_\_

I freely and knowingly assume all risks incidental to participating in the Academy of Russian Classical Ballet program during the 2020-2021 school year and I hereby waive any right, claim or course of action against Academy of Russian Classical Ballet, its officers, directors, employees or agents, releasing them from any liability arising for any damages, injuries, illness, or property damage occurring during instruction or performance, and from any all claims and demands, including attorney fees, arising out of the party's participation in dance lessons and performances provided by Academy of Russian Classical Ballet, its employees or agents, and I voluntarily assume the risks associated with such participation.

I certify that my child is in good health and capable of participating in all of the activities and classes.

I understand Academy of Russian Classical Ballet has the right to change schedules, instructors, policies and/or rates at any time and it is my responsibility to come into the office to stay current on all tuition payments, information and posted changes.

I understand that all payments are not refundable. I understand that Academy of Russian Classical Ballet does not give credit and/or refunds for class(es) missed due to a holiday, vacation, illness, weather, etc.

I have received Academy's of Russian Classical Ballet Handbook/ read on academy's website (Included: Policies and Rules, Dress Code, Tuition Chart, Calendar, Class Schedule, etc.) and I hereby agree to abide by the rules and procedures stated.

I understand that any photos or video was taken of my child participating in "dance" events/classes become the property of Academy of Russian Classical Ballet and may be used for promotional purposes without prior knowledge or compensation for such use.

**I have read the above, understood and I agree to be bound by the terms and conditions of this registration form.**

Signature of Parent/Guardian \_\_\_\_\_ Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Please print this form, fill it out, take a photograph, and send it back to the academy via email. [artschoolballet@gmail.com](mailto:artschoolballet@gmail.com).

All check payments need to be mailed to: Academy of Russian Classical Ballet, 18005 NE 68th Street Suite A-110, Redmond, WA 98052