



REGISTRATION FORM

Student's Full Name: _____ Male or Female: _____ D.O.B. _____

School Attending (or N/A): _____ Grade: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Student's Cell Phone (or N/A): _____

Student's Email Address (or N/A): _____

Medical conditions/allergies: _____

You may include additional students from the same family on the reverse side of this form.

Parent/Guardian Contact Information:

Name 1: _____ Relationship to student: _____ Cell Phone: _____

Home Phone: _____ Office Phone: _____ Email Address: _____

Name 2: _____ Relationship to student: _____ Cell Phone: _____

Home Phone: _____ Office Phone: _____ Email Address: _____

Alternate Emergency Contact Name: _____ Phone: _____

MEDICAL/LIABILITY RELEASE

By signing below, I consent (or consent for my child) to participate in classes or private lessons at White River Ballet Academy ("WRBA"). I understand that ballet is a physical activity with risk of injury. I confirm that I am/my child is covered by my own insurance policy and that it is not WRBA's responsibility to cover any medical costs that may arise from injuries sustained through my/my child's participation in WRBA activities. I will notify WRBA of any medical conditions that currently exist or may arise during my/my child's training at WRBA. In the event that I am unreachable, I give WRBA permission to authorize any emergency medical assistance that may be required for my child during any WRBA classes, rehearsals or events. I agree that I will NOT hold WRBA, its employees, agents and contractors liable for any injuries that may occur while participating in WRBA activities or for any personal property that is lost, stolen or damaged at WRBA.

PUBLICITY RELEASE

I grant WRBA the right to photograph and/or film my child/self for advertising, marketing and website use.

I have read and agree to the above Medical/Liability Release and Publicity Release for White River Ballet Academy.

Student's Signature (if over 18): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student's Full Name: _____ Male or Female: _____ D.O.B. _____

School Attending (or N/A): _____ Grade: _____

Student's Cell Phone (or N/A): _____ Student's Email Address (or N/A): _____

Medical conditions/allergies: _____

Student's Full Name: _____ Male or Female: _____ D.O.B. _____

School Attending (or N/A): _____ Grade: _____

Student's Cell Phone (or N/A): _____ Student's Email Address (or N/A): _____

Medical conditions/allergies: _____