



REGISTRATION FORM

Please complete both sides of this form, sign it, and return it to us, together with a check for:

Annual Classes: \$30.00 non-refundable registration fee for each student being enrolled.

Summer Classes: \$25.00 or \$50.00 non-refundable deposit per pupil

Mail To: Duluth School of Ballet, 3116 Buford Hwy., Duluth, GA 30096

Register By Phone Using VISA, MASTERCARD, DISCOVER: (770) 476-4306

Account Information:

Parent or Adult Responsible For Account: _____

Address: _____

City: _____ Zip: _____ Phone: Home _____ Work: _____

Other Parent's Name: _____ Work Phone: _____

E-mail address you use regularly: _____ Cell Phone: _____

Emergency Information:

Who, if a parent is not available, should be notified in case of an emergency?

Name: _____ Phone: _____

Who is your family physician?

Name: _____ Phone: _____

Students To Be Enrolled:

Pupil: _____ Age: _____ Birthdate: ___/___/___

Registering For Summer DANCEcamp and/or classes Annual Classes

Classes Desired: _____

Of-
fice
Use

Pupil #: _____ New Re- First Month: ___/___/___ Performance Fee: _____

DANCEcamp Assigned: _____ Fee: _____ Deposit Amount _____ Deposit Pd. ___/___/___

Classes Assigned: _____ Hrs. _____ Reg. Fee _____ Date Pd. ___/___/___

Pupil: _____ Age: _____ Birthdate: ___/___/___

Registering For Summer DANCEcamp and/or classes Annual Classes

Classes Desired: _____

Of-
fice
Use

Pupil #: _____ New Re- First Month: ___/___/___ Performance Fee: _____

DANCEcamp Assigned: _____ Fee: _____ Deposit Amount _____ Deposit Pd. ___/___/___

Classes Assigned: _____ Hrs. _____ Reg. Fee _____ Date Pd. ___/___/___

Please Complete Both Sides Of This Form. Thank You!

Please fill in the information below for each pupil being registered for classes.

Pupil # 1. First Name _____

Previous Training: _____

Any special physical or health problems we should know about? _____

Pupil # 2. First Name _____

Previous Training: _____

Any special physical or health problems we should know about? _____

Please read the following carefully.

This form must be signed by a parent or legal guardian if the student(s) is/are under 18.

RELEASE FROM LIABILITY: I do hereby release The Duluth School of Ballet and its staff from any liability occurring on or around studio premises, or at any function held at other locations in connection with the dance classes in which the student(s) named above is/are enrolled. I declare that the student(s) named above is/are in good health and can participate in dance education classes. Given the nature of dance classes, and with the knowledge that injuries sometimes might occur, I have taken the necessary steps to obtain accident, health, or hospitalization insurance which would cover any sustained injury. In the event of an injury or emergency when I cannot be contacted, I give my permission for you to obtain medical services for the student(s) named above.

AUTHORIZATION FOR ENROLLMENT: I authorize the Duluth School of Ballet to enroll the student(s) named on this form in dance classes, and I accept responsibility for the payment of tuition for those classes for which the student(s) is/are registered. I understand that classes with an enrollment of less than six pupils are subject to cancellation.

I understand that registration fees for annual classes and/or deposits for summer courses are non-refundable and that there are no refunds or deductions for classes not attended.

I understand that if I do not give written notice by the last day of a month of the student's withdrawal from annual classes, I am obligated to pay the next month's tuition payment. If I do not give 30 days notice for withdrawal from a summer program, then I am liable for the balance of the tuition, even though the student will not attend. I also understand that the Spring Performance Fee must be paid in full by Dec.1, unless I give written notice to you by Dec. 1 that my child will not participate. I understand that students who do not follow the studio's rules of behavior will be dismissed from class, and tuition forfeited.

I understand the the Duuth School of Ballet may take photographs or videos of my child in class or performance from time to time during the school year, and I give my permission for the school to make use of these materials as desired.

Signature: _____ Date: ____/____/____

Please Complete Both Sides Of This Form. Thank You!