**REGISTRATION FORM**

**Please fill out and email back to** **BalletArtsAustin@gmail.com** **or bring to the studio.**

**A $30 annual registration fee will be due (reg. fee does not apply to adult students or summer classes)**

CONTACT INFORMATION

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Date of Birth:\_\_\_/\_\_\_\_/\_\_\_\_\_ Gender (circle one): Female Male

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Zip code

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Cell Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Parent/Guardian Cell Phone (\_\_\_)\_\_\_\_\_\_\_\_\_\_

Billing Party: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If new student, previous dance training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASS SELECTION (Please circle one. If you are unsure, please ask the BAA faculty)

|  |  |
| --- | --- |
| **YOUTH** | **ADULT** |
| Level 1A Level 3A Level 5ALevel 1B Level 3B Level 5BLevel 2A Level 4 Level 6Level 2B Age 8-11 Jazz | BeginnerBeginner/IntermediateIntermediate/AdvancedCharacter – Intermediate/Advanced |
| Date: Time:M T W Th Fr Sat \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: Time:M T W Th Fr Sat \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Liability waiver:** I waive claim and release Ballet Arts of Austin, Lori Bodine Benold its staff, instructors and other personnel for claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities either on or off premises.

I do authorize emergency first aid care to said student by the School in the event he/she becomes injured or ill during instructional program or incidental sponsored activities either on or off premises. If the parents and/or guardians of the child are not immediately available at the telephone numbers provided in the agreement, I further authorize the School, Lori Bodine or such agents as she may authorize to retain the services of a doctor or other competent medical person in order to treat the said minor.

*Permission is granted to Ballet Arts of Austin to use this registered student’s image in photos/video for online and print Ballet Arts of Austin communications and publicity. Please note that these are primarily group photos/videos and student names are not used.*

*Yes\_\_\_\_\_\_ NO\_\_\_\_\_\_\_ Please initial: \_\_\_\_\_\_\_\_\_\_\_\_*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Parent/Guardian if under 18)