



San Diego School of Ballet

ADULT REGISTRATION FORM 2017-2018

Annual registration fee of Thirty (\$30) dollars per student paid on (date): _____

Print Student Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Alt. Email: _____

DOB: _____

Home Phone #: _____ Cell Phone#: _____

Employer: _____

In Case of Emergency please notify:

Name/Relation: _____ Phone: _____

Former training at: _____ Location: _____

Year instruction commenced: _____ Level at completion: _____

Amount of classes per week: _____ Reason for transfer: _____

How did you hear about us? _____

Classes DO NOT roll over to the next 2 month session.

CONFIDENTIAL

Has there been a history of medical problems? ___yes ___no

If so, and they could be relevant to the instruction of the student, please indicate below:

Does the student use prescription medication, or have asthma? _____

Please list any medications or allergies: _____

LEGAL CLAUSE RELEASING LIABILITY

I understand that neither the San Diego School of Ballet, Inc., San Diego Ballet, Dorothea Laub Dance Place San Diego, the Owner, the Director, the Instructor(s) nor any of their employees or volunteers, will be held responsible or liable for any injury, accident, or damages that may occur on these premises. Approving to this condition includes incidents experienced within the building and, or outside the Dorothea Laub Dance Place San Diego building, as well as at off site theaters, schools or other locations.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE POLICIES & LIABILITY RELEASE

Signature: _____ Date _____

Printed Name: _____ Relation to Participant: _____