



# San Diego School of Ballet

## STUDENT REGISTRATION FORM 2017/2018

Print Student Name: \_\_\_\_\_ Level Assigned: \_\_\_\_\_

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

check # \_\_\_\_\_ cc# \_\_\_\_\_ circle : Visa or Mastercard

Name on cc \_\_\_\_\_ Exp. \_\_\_\_\_ CVC#: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

Current Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Academic School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardians - Name: \_\_\_\_\_ Name: \_\_\_\_\_

Primary Contact - Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Contact - Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's Home Phone #: \_\_\_\_\_ Student's Cell Phone#: \_\_\_\_\_

Parent/Guardian's Employers: \_\_\_\_\_

In Case of Emergency please notify:

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Former training at: \_\_\_\_\_ Location: \_\_\_\_\_

Year instruction commenced: \_\_\_\_\_ Amount of weekly classes/hrs: \_\_\_\_\_

Amount of classes per week: \_\_\_\_\_ Reason for transfer: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Have

you attended any of San Diego Ballet's professional performances? \_\_\_\_\_

Has there been a history of medical problems? No \_\_\_ Yes \_\_\_ If so, and they could be relevant to the

instruction of the student, please indicate: \_\_\_\_\_

Please list any asthma or allergies: \_\_\_\_\_

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**LEGAL CLAUSE RELEASING LIABILITY -**

**If student is a minor this waiver MUST be signed by their legal guardian.**

**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 also release liability for any photos/videos taken for SDSB & SDB promotions or marketing purposes.**

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_