

REGISTRATION FORM

Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____

Zip: _____ DOB: ____ / ____ / ____

Primary Phone: _____

Work or Cell Phone: _____

E-mail: _____

Previous dance experience: _____

How did you hear about us?

CLASS

DAY

TIME

CLASS	DAY	TIME

TUITION: \$ _____

*Please make checks payable to Marblehead School of Ballet.
Tuition is non-refundable.*

Waiver of Liability

I am aware that all forms of dance and the exercise associated with it place unusual stress on the body and carry with them the risk of physical injury. I assume this risk and agree that the Marblehead School of Ballet, its staff, the facilities of the MSB shall not be liable in any way for the injuries sustained during the attendance of the program or any of its functions. I have read, understand and agree to this waiver of liability.

I give Marblehead School of Ballet and North Shore Civic Ballet permission to use my photograph/video for publicity.

Applicant's Signature (if 18 years or older)

Parent/Guardian Signature (if applicant is under 18)