



STUDENT INFORMATION

NAME (First, Last):							
Cell Phone:		Address:					
Home Phone:		City, ST ZIP					
E-mail:							
DOB (DD/MM/YEAR):				GENDER:			
Previous Dance Experience:							
Medical History, Conditions, Injuries, + Allergies:							
How did you hear about us? (Circle)		Website	Email	Flyer/Mail	News/Press	Word of Mouth	Other: _____

PARENT/GUARDIAN INFORMATION (If Student is under 18 and contact information is different than above)

NAME (First, Last):			
Cell Phone:		E-mail:	
Home Phone:		Address:	
Work Phone:		City, ST ZIP	

EMAIL NOTIFICATIONS

As a new student, you will be automatically subscribed to our email notification system. Please add us to your contacts, so valuable information does not get lost in your junk mail. If you no longer wish to receive updates, you may unsubscribe at any time.

PHOTOGRAPHY RELEASE

I give MSB and its dance company (North Shore Civic Ballet) permission to use my photograph/video for publicity purposes.

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 MSB, its staff, and its facilities 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.

APPLICANT SIGNATURE (if 18 years of age or older)

DATE

PARENT/GUARDIAN SIGNATURE (if applicant is under 18)

DATE