MARBLEHEAD SCHOOL OF Ballet

INTENSIVE APPLICATION

APPLICANT INFORMATION

NAME (First, Last):			
Cell Phone:		Address:	
Home Phone:		City, ST ZIP	
E-mail:			
AGE:	**DOB** (DD/MM/YEAR):		**GENDER:**
Current Dance School:			
Recommended by:		Phone:	
Previous Dance Experience: *(Attach page if needed)*			
Medical History, Conditions, Injuries, + Allergies:			

PARENT/GUARDIAN INFORMATION (If applicant 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	

STATEMENT OF AGREEMENT

I agree the above information is both current and accurate to the best of my knowledge.

☐ **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