



## REGISTRATION FORM

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_\_ Grade (as of 9/11) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1st Parent/Guardian** \_\_\_\_\_ Occupation \_\_\_\_\_

Address(if different) \_\_\_\_\_ Phone(H) \_\_\_\_\_

Phone(C) \_\_\_\_\_ E-mail \_\_\_\_\_

**2nd Parent/Guardian** \_\_\_\_\_ Occupation \_\_\_\_\_

Address(if different) \_\_\_\_\_ Phone(H) \_\_\_\_\_

Phone(C) \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency contact & phone #** \_\_\_\_\_

(NEW STUDENTS ONLY) How did you hear about HERITAGE BALLET? Valley Breeze \_\_\_ Sign \_\_\_ Local Newspaper \_\_\_ Friend \_\_\_ Other \_\_\_\_\_

I consent to have my child/children participate in the programs offered at Heritage Ballet, LLC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Heritage Ballet, LLC and/or its representatives whether paid or volunteer. I also confirm that I now have and will continue to provide proper health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\***OFFICE USE ONLY**\*\*\*\*\*

Level \_\_\_\_\_ Tuition \_\_\_\_\_ Registration Fee \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Name on Visa/MC \_\_\_\_\_

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_