



**Registration Form**

Level: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Student's School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Primary Contact Information**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary Contact Information**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different): \_\_\_\_\_

**Please list any allergies**

**Please provide other information about any condition that may help us provide the best instruction possible.**

**Publicity Release:**

I hereby authorize SLB to record the student's picture and voice on photographs, films and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission for SLB to use and license others to use these materials in any manner or media whatsoever. SLB is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation have been made by SLB for such use.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Release:**

I am aware that dance training and athletic exercise associated with it place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (if I am a student eighteen years of age or older), I assume the risk and agree that the School of the Lexington Ballet (SLB) shall not be liable in any way for injuries sustained during attendance at the ballet school or any of its related functions, including but not limited to training, practices, and performances. I understand that good ballet training involves touching and adjustment of the student's body by the instructor.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release:**

I understand that I must inform the teacher of any medical condition that is present or may occur and may affect the student's ballet training while enrolled at SLB. In the event I cannot be reached, I hereby give my permission to the management, faculty, and staff of SLB to authorize any emergency medical care that may be required by the above student during her/his participation in classes, performances, or any related SLB event. This authorization extends through the current school year or until the student is no longer enrolled at SLB, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read, understand, and agree to the Liability Release, Publicity Release, Medical Release, and Rules of the School of The Lexington Ballet.**

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Check One**

\_\_\_\_\_ I have enclosed a check for \$ \_\_\_\_\_ made payable to *The Lexington Ballet*

\_\_\_\_\_ Please charge my Visa / MasterCard (circle one) \$ \_\_\_\_\_.

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date: \_\_\_\_\_ / \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

*The Lexington Ballet introduces "Bring a Friend Program",  
Receive 3 FREE classes when you recommend a friend, and they enroll for the semester!*