



School of Classical Ballet

2019-2020 Registration Form

Registration Fee: \$30.00 per student*

Checks made payable to: **School of Classical Ballet or SCB**

Family Registration Discount:
All additional children \$10.00 each

Send To:
School of Classical Ballet
701 Daniel Street
Billings, MT 59101

Please complete **one form per child** for our records.

Name of Student: _____

Parent's Names: _____

Address: _____

Zip code: _____ Email: _____

Phone #: _____ / _____ / _____
Home Cell Work

Additional Emergency Contact

Name: _____ Phone #: _____ Relationship _____

Student Birthdate: _____ Age by Dec 1 _____

Class Registration

<u>Class Description</u>	<u>Day</u>	<u>Time</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Liability Waiver

I do hereby agree to hold harmless SCB, its Board of Directors, officers, agents, independent contractors, successors and assigns from any claims for personal injuries to myself, my boys or girls while participating in said dance or any other studio activities.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____

Medical condition(s) about which SCB should know: _____

Medical Release

In the event of an injury and parents or emergency contact(s) cannot be reached, any agent of the School of Classical Ballet (SCB) has my permission to undertake whatever emergency medical services he or she deems appropriate under the circumstances. I agree to be responsible for any and all expenses for medical attention authorized by SCB and agree to indemnify it or its agents for any expenses incurred in that regard.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____

Permission to Use Photos and Audiovisual Materials Taken at SCB

(Please sign only one)

YES

I hereby **consent** to and authorize the use of and reproduction by the School of Classical (SCB) of any and all photographs and any other audiovisual materials taken of the registered individuals listed below for inclusion in any of SCB's promotional printed material, websites and online social media platforms, educational activities, or for any other manner and in whatever way the School of Classical Ballet deems appropriate.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____

NO

I hereby **decline** to authorize the School of Classical Ballet (SCB) the use and reproduction of photographs and other audiovisual materials taken for the purposes of SCB's promotional printed material, websites and online social media platforms, educational activities, or for any other manner the School of Classical Ballet deems appropriate.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____