

LEXINGTON SCHOOL OF BALLET, INC. REGISTRATION FORM

Please complete one form for each child enrolling and send to: Lexington School of Ballet Inc., 1403 Massachusetts Avenue, Lexington, MA 02420

Student Name _____ Class _____
Grade _____ Day _____
DOB _____ Time _____
Address _____
City _____ ST _____ Zip _____ Class _____
Parent Name _____ Day _____
Home Phone _____ Time _____
Other Phone _____

E-mail _____ Total classes per week _____
Total Tuition _____

I understand that the Lexington School of Ballet, Inc is accepting me, or my child, as a student. I realize that there are certain dangers possible in the art of dancing I agree to assume the risk of all injuries or damage that may arise from my, or my child's participation in dance activities at the Lexington School of Ballet, Inc. I certify that I, or my child, is in proper physical condition to take part in dance activities. In consideration of the above, I hereby release and hold harmless the Lexington School of Ballet, Inc. and their teachers, directors, pianists and agents from and against any liability or claim for any injury, misadventure, harm, loss, cost or damage sustained as a result of my, or my child's, participation in the Lexington School of Ballet, Inc. classes and activities. I have read this release and understand its meaning.

Signature _____

Date _____

I authorize the Lexington School of Ballet to consent to emergency medical treatment for my child.

Health Plan & No. _____

Signature _____

Date _____

I do not authorize the Lexington School of Ballet to consent to medical treatment for my child, so I therefore agree that I or my representative will remain outside the classroom during my child's class.

Signature _____

Date _____

**** WOULD YOU LIKE TO BE A CLASS PARENT? (very little time commitment) Yes ___ No ___**