

**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 \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Total classes per week \_\_\_\_\_  
Tuition \_\_\_\_\_  
**\*Munroe Building Fee: \$25**  
Total Amt Due: \_\_\_\_\_

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 \_\_\_\_\_

*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.*

**Health Concern LSB should be aware of:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Please initial if you authorize LSB to use photos of your child for newspaper articles, performance posters and program brochures \_\_\_\_  
**\*Mandatory Munroe Center for the Arts Building Fee is \$25 per student or \$60 per family of 3 students or more**