



LEXINGTON SCHOOL OF BALLET

1403 Massachusetts Ave, Lexington, MA 02420 | 781-861-9349 | info@lexingtonschoolofballet.com

6-Week Summer Session Registration June 24 - August 2, 2024

Please complete this form and return it to LSB with your tuition. We accept cash or check payable to Lexington School of Ballet.

Student #1 _____

Date of Birth _____/_____/_____

School Grade Fall 2024 _____

Student #2 _____

Date of Birth _____/_____/_____

School Grade Fall 2024 _____

Parent _____

Phone _____

Email _____

NEW STUDENTS ONLY

Address _____

City _____ State _____ Zip _____

Prior Experience _____

Student	Class	Day(s)	Times(s)	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Tuition _____

NEW STUDENTS + Munroe Center Fee* _____

Total Due \$ _____

*Mandatory annual Munroe Center Building Restoration Fee is **\$40 per student**. Please indicate if you have paid this fee to another program in the Munroe Center for the 2023-2024 School Year.

NEW STUDENTS MUST COMPLETE SIDE TWO >>

**LEXINGTON SCHOOL OF BALLET, INC.
PARTICIPANT RELEASE & WAIVER OF LIABILITY**

PLEASE CAREFULLY READ AND SIGN BELOW. REGISTRATION IS INCOMPLETE WITHOUT YOUR SIGNATURE AND MUST BE COMPLETED PRIOR TO STUDENT'S FIRST CLASS.

Waiver and Release:

I understand that the Lexington School of Ballet, Inc. is accepting me as a student. I realize that there are certain dangers and risks of physical injury associated with, arising out of, and inherent to the art of dancing and activities related thereto. I certify that I am in proper physical condition to take part in dance classes and other activities related thereto.

By signing this Participant Release & Waiver of Liability, I voluntarily release Lexington School of Ballet, Inc. and its directors, officers, owners, instructors, employees, volunteers, associates, and agents (collectively "LSB") from any liability or claim that I or my representatives may have against LSB with respect to any bodily injury, personal injury, illness, death, or property loss or damage that may result from my participation at LSB. I agree to protect, indemnify, defend, and hold LSB harmless from and against any claim for liabilities, losses, costs, expenses (including reasonable attorneys' fees), damages, or injuries arising out of or in any way relating to my participation in dance classes, camps, intensives, workshops, performances, troupes, the use of LSB equipment or facilities, and any other activities associated with LSB.

Emergency Medical Proxy: (Please select one option by checking the box.)

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

Health Insurance Company _____ Membership # _____

OR

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

Health issues LSB should be aware of: _____

Photography/Video Release:

I understand that LSB may take photographs and video recordings of me during my participation in LSB dance classes, camps, intensives, workshops, performances, troupes, and other activities. I convey to LSB full rights and interest in these photographs and recordings. I understand such photographs or video recordings may be used for the purposes of class photos, performance photos/videos, brochures, marketing materials or other published materials, physical or virtual.

IF THE STUDENT IS A MINOR, I CERTIFY THAT I HAVE FULL LEGAL AUTHORITY TO SIGN THIS PARTICIPANT RELEASE & WAIVER OF LIABILITY ON THEIR BEHALF. I HAVE READ, UNDERSTOOD, AND AGREE TO BE BOUND BY THE ABOVE STATEMENTS:

Student's Name: _____ Age: _____
(Print)

Parent/Legal Guardian's Signature: _____ Date: _____
(If Student is under 18)

Parent/Legal Guardian's Name: _____ Phone: _____
(Print)

Student's Signature: _____ Date: _____
(If Student is 18 or older)