

MetroWest Ballet
Open Adult Registration

Registrant

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (home or cell): _____ email: _____

Emergency Contact

We will use this information only in the unlikely event of an emergency.

Name: _____

Relationship to Contact: _____ Phone: _____

Do you have an existing medical condition we should know about? Yes No

If yes, please explain: _____

Registrant Agreement:

The registrant (or his/her legal guardian if under eighteen years of age) agrees to indemnify and hold harmless MetroWest Ballet and all its faculty and staff against all liability, claims, damages, losses, and expenses, including attorney fees, arising from the registrant's participation or be reason of any injury/illness or damage to any person or property during said participation, or form any cause whatsoever. I fully realize that, with any physical activity, dance can be a sport where occasional injury may occur. I also agree to pay the indicated fee on a drop-in basis, per class, prior to the start of the class, unless arrangements are made otherwise with MetroWest Ballet.

Signed: _____ Date: _____

Print Name: _____