

# MetroWest Ballet Summer 2019 Registration Form

## Biographic Information

Please check which program(s) you are registering for.

<input type="checkbox"/> Story Book Dance S1	<input type="checkbox"/> Ballet for Teens Wed PM
<input type="checkbox"/> Story Book Dance S2	<input type="checkbox"/> Ballet for Teens Thurs AM
<input type="checkbox"/> Young Dancer/ Choreographer S1	<input type="checkbox"/> Ballet for Teens Thurs PM
<input type="checkbox"/> Young Dancer/ Choreographer S2	<input type="checkbox"/> Int/Adv Open Classes (form needed for all students under 18- years)
<input type="checkbox"/> Summer Workshop	

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent /Guardian 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent /Guardian 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## Medical Information

Are there any medical concerns we should be aware of?  YES  NO

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student been under the care of a doctor or physical therapist in the last 6 months?

YES  NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the student currently taking any medication?  YES  NO

If yes, please list medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form with any required deposit (see Tuition and Tuition Policy) to save your place.**

**Training Information - to be completed by students age 7+**

Will this be your first dance program?  Yes  No

If so you may skip this section.

Number of years of dance training: \_\_\_\_\_ Are you en pointe? Number of years: \_\_\_\_\_

Number of classes per week: Ballet \_\_\_\_\_ Jazz \_\_\_\_\_ Modern \_\_\_\_\_

List all training (include summer programs):

School	Teacher(s)	Year(s) attended	Number of Classes/Week

**Emergency Contact Information**

Please list two individuals to be contacted if an emergency were to occur and parent or guardian could not be reached.

<b>Name:</b>	<b>Name:</b>
Relation:	Relation:
phone 1:	phone 1:
phone 2:	phone 2:

Name of Doctor \_\_\_\_\_

Location \_\_\_\_\_ Phone \_\_\_\_\_

Are there any other concerns we should be aware of?

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**Please return this form with any required deposit (see Tuition and Tuition Policy) to save your place.**

By signing below, I understand and agree with the Tuition Policy, Waiver of Liability, and Photo Release of MetroWest Ballet as follows:

**Tuition and Tuition Policy**

Story Book Dance: \$50 deposit due June 24, 2019. \$162 Total Tuition per session.  
Young Dancer/Choreographer Camp: \$50 deposit due June 24, 2019. \$162 Total Tuition per session.  
Summer Workshop: \$110 deposit. \$335 Total Tuition  
Ballet for Teens: No deposit required. \$90 for five classes. No drop in classes accepted.  
Intermediate/Advanced Open: No deposit required. \$18 for single drop in. \$154 for 10-class card good for Summer 2019 only.

Deposits are non-refundable. Deposits are deducted from Total Tuition.

No refunds are given for class cards, any purchased group of classes (such Ballet for Teens), or any Session (Story Book Dance or Young Dance and Choreographer), or Weeks (Summer Workshop). Students who miss class due to illness or personal conflict are not entitled to a refund or make-up session. Students who leave class early are not entitled to any refund or make-up session.

Tuition fee for a class must be paid before the start of the class. Payments due to MetroWest Ballet, 14 Main Street, Hudson, MA 01749

**Waiver of Liability**

I agree that I will not hold the MetroWest Ballet, Inc., its owners, faculty, employees or contractors liable for any injuries sustained or illnesses contracted by me or by my registered student(s) while at MetroWest Ballet, participating in any classes, or in any MetroWest Ballet associated activity, including performances. In the event that MetroWest Ballet personnel deem medical attention necessary and parents cannot be reached, I understand that the Emergency Contact information on the Registration Form will first be used. If no contact can be made, I give my permission for MetroWest Ballet personnel to authorize transportation and/or treatment in my behalf and for which I will be financially responsible.

MetroWest Ballet, Inc., its owners, faculty, employees or contractors are not liable for loss of or damage to personal property.

As with any physical activity, a risk of injury exists. Each student may decline to participate in any activity that may be personally harmful and is also responsible to inform the instructors of any physical limitations that may prevent full participation in class. I understand the risk of injury increases with poorly fit or improper equipment, and that I am responsible for adhering to the dress code and providing proper equipment for myself or for my child.

**Photo Release**

I give MetroWest Ballet permission to use any photograph of my child taken in class, rehearsal, or on the premises at MetroWest Ballet studios or during any MetroWest Ballet dress rehearsal, performance, or event for promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please return this form with any required deposit (see Tuition and Tuition Policy) to save your place.**