

## Ballet Soleil Registration Form

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Previous Dance Experience \_\_\_\_\_

Class(es):	Level	Day	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any special concerns or learning styles \_\_\_\_\_

\_\_\_\_\_

Child(ren) is/are to be picked up from class by \_\_\_\_\_

\_\_\_\_\_

(Please submit a note if someone other than the listed individuals is to pick up your child)

I give Ballet Soleil permission to photograph and use the photographs for the purpose of advertisement .  Yes  No

I understand that dance is a physical activity and that, as with any physical activity, there is a risk of injury.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_