

Lancaster School of Ballet
CAROLYN TRYHTALL, DIRECTOR
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lancasterschoolofballet.com

REGISTRATION FOR 2011-2012 SCHOOL YEAR

Student's Name _____

Address _____

_____ **Email Address** _____
City State Zip

Home Phone _____ **Age** _____ **Birth Date** _____ **Grade** _____

Father's Name _____ **Mother's Name** _____

Employer _____ **Employer** _____

Work Phone _____ **Work Phone** _____

Cell Phone _____ **Cell Phone** _____

Phone & Address of: Father **Mother** **if different from student** _____

Previous Dance Experience:

Type? _____

Where? _____

How Long? _____

A student's safety and well-being is our first concern. Does the student have any physical or medical problems or learning disabilities our teachers need to be aware of? YES _____ NO _____ If yes, please explain

Please list emergency phone numbers with name: 1. _____ 2. _____

Medical Insurance Company _____ Policy Number _____

In consideration of my/my child's being accepted for enrollment, I do hereby waive and release my rights in myself and in my child to seek recovery from Lancaster School of Ballet, its agents, servants, employees, and representatives for any and all losses, damages, injuries, costs, or expenses which may be suffered or incurred by reason of any injury sustained by myself or my said child, whether or not caused by negligence or fault of Lancaster School of Ballet or its agents, servants, employees, or representatives, and I do hereby agree to indemnify and hold Lancaster School of Ballet, its agents, servants, employees, and representatives harmless against and from any claims and demands which might be asserted by any person or party against said Lancaster School of Ballet, its agents, servants, employees, or representatives for the recovery of said losses, damages, injuries, costs, or expenses.

Registration fee is due with first payment. Your annual/quarterly/monthly payments for _____ hours per week are \$ _____. **Circle your payment option.**

Date _____ **Signature of Parent** _____

Date _____ **Signature of Student** _____
(If 18 yrs or older)

__roll __call __QB **PLEASE TURN OVER** __Access St. # _____

