

SCOTTSDALE SCHOOL of BALLET
Registration Form

Student Information:

Name of Student: _____ Age: _____

Birthdate: ____/____/____ Please Circle Gender: Male / Female

***Primary E-mail:** _____

Home Phone: _____

***An email address is required. SSB uses e-mail as the primary method of communication.**

Please print clearly . Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Cell Phone _____

Parent/Guardian's Name: _____ Cell Phone _____

Please check the appropriate box with the best cell number to reach you.

I would like my child to perform in the: Winter Performance Spring Performance Both

Please review all fees, schedules and agreements associated with performances prior to committing.

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Office Use Only

Registration Fee: \$35 _____ Performance Fee \$ _____ (See Level)

Student Level _____ Option _____ (Pre-Professional levels only)

Payment Option: Either a check, cash or PayPal confirmation information is required when submitting registration

By Check (please submit with this form)

By Cash (please submit with this form)

PayPal Option: You will be sent an invoice the day of your registration. A 2.9% -3.5% fee applies in addition to the payment depending on credit card used. Fee must be paid separately at the SSB Studios.

Total Due: _____

PD \$ _____ CA CK # _____ PayPal Invoice and Approval date _____

Rcvd by: _____ Date Rcvd: ____/____/____

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Emergency Contact

Name of Contact: _____ Contact Phone _____

Relationship to student: _____

Name of Physician: _____ Physician's phone: _____

Does the student have any injuries (previous or new)? Y / N If yes, please explain:

Does the student have any medical condition that may affect his/her behavior or ability to participate fully in the program? Y / N If yes, please explain:

Does the student have any allergies? Y / N If yes, please explain :

*Please sign the consent forms on Page 2
(over)*

Consent and Release Forms

Parental Consent

I am the parent or legal guardian of _____, who desires to attend Scottsdale School of Ballet. Participation at Scottsdale School of Ballet, includes dance training, rehearsals and performances, as well as certain dance, education and recreational activities. I understand that dance is a very physical activity and that there is risk of accident or injury inherent in dance. I agree that Scottsdale School of Ballet along with its employees, consultants, volunteers, advisors, directors and/or agents shall not be responsible for any injuries or damages suffered by my child during my child's participation. I, therefore, consent to my child's participation in Scottsdale School of Ballet dance training, dance-related training, auditions, rehearsals, and all related activities, educational and recreational activities and I further consent to my child's participation in any other activity taken in connection with Scottsdale School of Ballet.

Signature of Parent or Guardian: _____ Date: _____

Student Waiver / Release

In consideration of Scottsdale School of Ballet acceptance of my child as a student or participant, I do hereby voluntarily waive and release any and all actions, claims and demands for any damage, injury or loss to person or property which may be sustained by myself, my child and/or ward directly or indirectly during the course of or as a result of my child's participation as set forth above. If any provision of this Consent and Release is held invalid or unenforceable by any court of competent jurisdiction, the other Release will remain in full force and effect. Any provision of this Consent and Release held unenforceable only in part of degree will remain in full and effect to the extent not held invalid or unenforceable. I acknowledge that I have read and understand this Consent and Release and have had any questions answered to my satisfaction.

Signature of Parent or Guardian: _____ Date: _____

Photo and Media Release

By signing below I hereby affirm that I have read and agree to all regulations in this form. In addition I grant permission to Scottsdale Dance Academy, LLC and Scottsdale School of Ballet to use in perpetuity, my child's image from photographs, films, video, and other media for promotional purposes or promotional materials used in marketing. This may include but not be limited to use in brochures, posters, flyers, television, Internet, exhibitions and web broadcast.

Signature of Parent or Guardian: _____ Date: _____