

EAST STREET *DANCE* CENTER

SCHOOL OF BALLET | professional dance training ages 7 and up

THE SCHOOL OF BALLET AT
EAST STREET DANCE CENTER
47 East Street, Hadley, MA 01035
Phone (413) 584-5535, blkauff@hotmail.com
www.eaststreetballet.com

Registration Form 2009-2010

Student Name _____ Age _____ Birthdate _____
Address _____ Zip _____
Parent/Guardian Name _____
Telephone Number Home _____ Work _____ Cell _____
Email Address _____
Emergency Contact _____ Phone _____
Semester ___First (Sept. - Jan.) ___Second (Feb. - June) Class Level _____

Medical Information and Release

Please state any known illnesses, injuries, allergies (include allergies to medications) _____

List any medications currently being taken _____

Emergency Contact _____

Doctor _____ Phone _____

As legal guardian of the child listed on this form I hereby consent for him/her to participate in classes conducted by The School of Ballet at East Street Dance Center recognizing that any activity involving movement can create the possibility of injury. I confirm that my child is in good health and I authorize simple first aid if necessary. I will not hold any personnel, officers or agents liable for any injury that may occur in class or on the premises.

I also understand that I am fully responsible for the tuition for the entire semester unless my child is unable to participate for medical reasons.