

**BALLET WESTERN RESERVE**  
**2011-2012 FAMILY REGISTRATION FORM**

**\$30 discounted fee**  
if you register by  
**July 31, 2011!**  
*(\$35 registration fee in  
effect as of August 1)*

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Student's Cell (if different from above) \_\_\_\_\_

Email(s) \_\_\_\_\_

**STUDENT INFORMATION**

*Non-Refundable Registration Fee: \$ 35.00 per student to be returned with application*

**\*Please include requested class names, days and times below.**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Classes Requested \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Classes Requested \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Classes Requested \_\_\_\_\_  
\_\_\_\_\_

**PARENT RELEASE**

I understand that Ballet Western Reserve will provide adequate supervision for classes and activities in which my child participates. Ballet Western Reserve will make every reasonable effort to insure the safety of all participants. I am also aware that Ballet Western Reserve will not assume responsibilities for any and all accidents, injuries, or loss of personal effects. I acknowledge I have been given the right to enroll in an accident and medical expense plan; however, I am electing not to enroll. I release Ballet Western Reserve from liability from any injury which may arise and waive any claim which hereafter may arise.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out both sides of form completely...**

**PARENT INFORMATION**

Father's Name \_\_\_\_\_ Phone (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

**PAYMENT/EMERGENCY INFORMATION**

Person responsible for payment \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Emergency Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**STUDENT MEDICAL INFORMATION**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Are there any medical conditions that Ballet Western Reserve should be aware of?  
(Please list any allergies or medications)

\_\_\_\_\_

Which school(s) does your child/children currently attend? \_\_\_\_\_

\_\_\_\_\_

*The undersigned Parent or Guardian of \_\_\_\_\_  
acknowledges that Ballet Western Reserve is a School that does not participate in dance  
competitions. Accordingly, no student of Ballet Western Reserve may participate in a dance  
competition identifying an affiliation, in any way, with Ballet Western Reserve or its faculty.*

*If the above-identified student desires to engage in competition, he or she is doing so independent  
of Ballet Western Reserve and its faculty. The above-identified student may not utilize  
choreography or classroom combinations produced by Ballet Western Reserve or its faculty in  
any way for competition.*

\_\_\_\_\_  
(Signature of Parent or Guardian)