

Legacy Ballet Registration Form

Student Name: _____ Birth Date: _____

Parent(s)/Guardian(s) Name: _____

Phone: Home _____ Work _____ Cell _____

Mailing Address: _____ Zip _____

E-mail _____ Subscribe to Newsletter Y / N

Emergency Contact Name: _____ Emergency Phone: _____

Class: _____ Day(s): _____ Time: _____ Classes/week: _____

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Class: _____ Day(s): _____ Time: _____ Classes/week: _____

TOTAL CLASSES PER WEEK: _____

TUITION DUE: _____

MULTIPLE FAMILY MEMBER DISCOUNT

-5% off each dancer: _____

TOTAL AMOUNT DUE: _____

Payment Policy: Tuition is due 2 weeks prior to the Session. If tuition is not paid in a timely matter, by the first class, a late fee of \$15.00 may be assessed. Initial please _____

Refunds: No refunds will be given. Missed classes can be made up within the same session of the missed class. Initial please _____

Dance Injury Disclaimer: I understand, agree, and acknowledge that dance is like other physical/strenuous activities where injuries are not always avoidable and I agree that while Legacy Ballet does everything possible to prevent injury, by signing below, I will not hold Legacy Ballet responsible for such an injury. Initial please _____

Photography Release:

Please Circle: Yes No My child may be photographed and used for publicity or media purposes for Legacy Ballet. Initial please _____

Parent/Guardian Signature: _____

----- Legacy Ballet Office use only -----

Method of Payment:

Check #: _____ Cash _____ Date: _____

Amount Paid: _____