

2024-2025 Registration Form for Adult/Teen Ballet

Be Sure to Complete and Return BOTH PAGES!

- 1) Fill out the top part before the consultation at the school. Use the reverse side to note any special requirements or medical conditions that the school should know. Please use a separate form for each student.
- 2) Before completing the rest of the form, please request a consultation with a school director, by emailing us your phone number and best time to call. Staff@LebanonBalletSchool.com

Student's First:		Last:	
Student's Birth:		Cell:	
School:		Grade:	
Email:			
Parent/Guardian #1			
Main Phone:		2nd Phone:	
Email:			
Parent/Guardian #2			
Main Phone:		2nd Phone:	
Email:			
Person to be			
Billing Address:			

Classes are dependent upon sufficient registration. Placement is on a first-come first-served basis.

Credit Card on File

THIS CARD WILL ONLY BE USED IF PAYMENT IS NOT RECEIVED AT TIME OF CLASS.

Payment of outstanding Class Fees will be charged to my ___ VISA ___ MasterCard

Student Name: _____

Credit Card Number: _____ Exp Date: ____ / ____

Name on Card: _____

Billing Address: _____

_____ Phone Number: _____

Signature of Card Holder

Date

Release of Liability and Other Conditions • Read Before Signing

Parent/Guardian Name: _____

Address: _____

Student Name: _____

Liability Release

I hereby give my consent for my child/self to participate in classes and activities at Lebanon Ballet School (LBS). I am fully aware and appreciate the risk and damages that might occur as a result of participating in LBS classes and activities. I have been assured that all precautions will be taken to ensure my/my child's safety.

I hereby waiver and release any and all rights or claims for any damages my child/self may have against LBS, its staff, employees, teachers and agents for any and all injuries sustained or suffered by my child/self at any LBS class or activity. I do hereby verify that I fully understand and accept the preceding conditions for permitting my child/self to participate in any LBS class or activity.

Medical Release

I understand that it is my responsibility to provide all medical insurance coverage. That I must inform LBS of any medical condition that is present or may occur and may affect my child/self training while enrolled at LBS. In the event I cannot be reached, I hereby give my permission to the staff of LBS to authorize any emergency medical care that may be required by the above student during my child/self participation in classes, performances, or any related LBS event. This authorization extends through the current year or until my child/self is no longer enrolled at LBS, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Publicity Release

I hereby authorize LBS to record my child/self pictures, photographs, films and DVDs, to edit these recordings at its discretion and to incorporate these recordings for LBS to use for publicity including advertising and sales promotion. I acknowledge that no promises of compensation have been made by LBS for such use.

Terms & Conditions

I have read the registration information and understand the School's policies as outlined. My signature below indicates that I understand and accept the following conditions:

- Payment is expected at time of attending class. Failure to do so will result in a charge to your credit card of \$25.
- I will pay a handling fee of \$20 for all returned or declined payments, including credit card.
- All tuition payments are final. No Refunds unless a medical reason prevents participation.
- Adjustments may be made only upon receipt of written notification to and at the discretion of the director.

***I have read, understand and agree to the
Liability Release, Medical Release, Publicity Release and Payment Conditions.***

Signature of Parent/Guardian/Adult Participant

Date