

**2023-2024 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

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

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

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**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 waive 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:

- All persons entering the studio—Parents and Students, ages 5+ to be fully vaccinated against COVID-19.
- 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