

2022–2023 Registration Form for Young Dancers: Intro to Contemporary

Be Sure to Complete and Return ALL Three 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 the instructor, Erin, by emailing your phone number and best time to call. mcnult45@gmail.com

Student's First Name:		Last Name:	
Student's Birth Date:		Age (9/10):	
Parent/Guardian #1 Name:			
Main Phone:		2nd Phone:	
Email:			
Parent/Guardian #2 Name:			
Main Phone:		2nd Phone:	
Email:			
Person to be Billed:			
Billing Address:			

INSTRUCTIONS

- (1) Check the desired Sessions.
- (2) Fill in the Tuition (Number of Sessions times \$160).
- (3) Add the Registration Fee for the Total Due.

Class	Tuition		
Young Dancers: Intro to Contemporary - 8 Week Sessions		Total Tuition	
Session 1: <input type="checkbox"/> 9/28–11/16	\$160	Registration Fee	\$10.00
Session 2: <input type="checkbox"/> 1/18–3/15 (No Class 2/22)	\$160	TOTAL DUE	
Session 3: <input type="checkbox"/> 4/19–6/7	\$160		

Classes are dependent upon sufficient registration of 6 students per class.
 Placement is on a first-come first-served basis.
 Pay direct to the instructor (cash, check to Erin McNulty, or Venmo @emcnulty)

Erin McNulty
PO Box 71
Meriden, NH 03770

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:

- I am solely responsible for all payments.
- It is my responsibility to make sure that my payment arrives on time to avoid a late fee of \$20. \$20 will also be charged each month an overdue balances exist.
- I will pay a handling fee of \$20 for all returned or declined payments, including auto-pay by 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