

2018-2019 Registration Form for Dance With Me

Be Sure to Complete and Return ALL Three Pages!

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

INSTRUCTIONS

Fill out the Top Section Fully. 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.

☞ Before completing the rest of the form, please consult with a school director, by email or phone. ☜
603-448-5404 or Staff@LebanonBalletSchool.com

- (1) Check the desired Class and Day of the week.
- (2) Fill in the Tuition.
- (3) Sibling Discount: applies to siblings with lower tuition, if applicable, subtract Discount from Tuition.
- (4) Add the Registration Fee for the Total Due.

Class	Tuition	Tuition	\$130.00
Dance With Me (14 weeks): G Thursday • G Friday	\$130	Sibling Discount (10%)	
Session #1: 9/13/2018 - 12/21/2018		Registration Fee	\$30.00
Session #2: 2/28/2019 - 6/7/2019		Total Due	

Classes are dependent upon sufficient registration of 6 students per class.
Placement is on a first-come first-served basis.

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 pre-cautions 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.

Payment Conditions

I have read the registration information and understand the School's policies as outlined. My signature below indicates that I am responsible for the entire Session's tuition regardless of attendance and that I understand and accept the following conditions:

- I am solely responsible for all payments.
- I will pay a handling fee of \$15 for returned checks or declined credit card payments.
- 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

Registration Fee and First Tuition Payment Form

THE REGISTRATION FEE AND TUITION PAYMENT MUST ACCOMPANY THESE FORMS.

Payment of \$_____ paid by (check one) ___ Check ___ VISA ___ MasterCard

Student Name: _____

Credit Card Number: _____ Exp Date: ____/____

Name on Card: _____

Billing Address: _____

_____ Phone Number: _____

Signature of Card Holder

Date

For Payment by Credit Card only!

Do Not Write Below Here - For Office Use Only

Date Received		Check #		Payment	
Date Entered				Auth Number	