

**2018-2019 Registration Form for Dance Card**

**Be Sure to Complete and Return ALL Three Pages!**

<b>Student's First Name:</b>		<b>Last Name:</b>	
<b>Student's Birth Date:</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 Billed:</b>			
<b>Billing Address:</b>			

Description	Amount
Dance Card (good for 10 classes)	\$165.00
Registration (Due once per School year)	\$30.00
<b>Total Due</b>	<b>\$195.00</b>

**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 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 Dance Card Payment Form**

**THE REGISTRATION FEE AND FIRST DANCE CARD PAYMENT MUST ACCOMPANY THESE FORMS.**

Payment of \$ 195.00 \_\_\_\_\_ 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	