

En Avant Studio
Budding Ballerinas
Registration Form

Check here to be emailed an invoice link to pay by credit/debit card for these classes (deadlines still apply)

Date _____

Child's Name _____

Birthdate (mm/dd/yr) _____

Physical Limitations _____

Learning/Communication Disorders _____

Parents/Guardians Name(s) _____

Address _____

City _____ Zip _____

Home Phone Number* _____ * leave blank if no home phone

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Email Address _____

Are you on Facebook? (circle one) Yes or No

How did you hear about us and/or this program? (circle one)

Search Engine/Website (Which one?) _____ Facebook _____ Flyer _____

Word of Mouth/Friend (Who?) _____ Other _____

(continued on back)

En Avant Studio's Budding Ballerinas

Participation Agreement

Effective for duration of participation in the Budding Ballerinas program

Please sign at the end

I understand that all payments are non-refundable and are due prior to the first class of each 4 week segment. I understand that make-ups are not available for missed classes.

I will trust the teacher's knowledge and agree to follow the teacher's instructions/directions while in class.

I will refrain from all weapons, drugs, alcohol and tobacco use while on the studio premises.

I understand that class material and/or dances taught in the class are the property of the studio and may not be copied, distributed or used outside of the studio without the director's written permission.

I agree to release and hold harmless En Avant Studio, its officials, faculty and staff, agents, other employees or volunteers from any actions, suits, damages, claims or judgments that may result from any personal injury or illness that my child, myself or any guest sustains while on the premises of En Avant Studio and at all off-site activities offered to my child.

I will responsibly supervise (keeping them always in my sight) all children I bring to En Avant Studio, including my dancer (when not in class).

I understand that photographs of my child and/or this class may be taken for the promotion of En Avant Studio. I agree that they may be used for, but are not limited to, brochures, literature, newspaper advertising, website, etc, including video marketing. I understand that names and personal information will not be published.

Signature of Parent/Guardian _____

Date _____