

Ballet Academy of Texas Enrollment Form

New Students Only --SUMMER 2011

Date Enrolled _____

STUDENT LAST NAME _____ STUDENT FIRST NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

BIRTHDAY ___/___/___ SEX ___ GRADE ___ PREVIOUS # YEARS DANCE TRAINING _____

EMAIL ADDRESS _____

FATHER'S NAME _____ CELL PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

MEDICAL CONDITIONS/SPECIAL NEEDS _____

How did you hear about us?

Referred by _____ Internet _____ Yellow Pages _____
Newspaper Ad _____ Sign _____ Other _____

BY MY INITIALS BELOW, I AGREE TO THE FOLLOWING POLICY:

_____ I am aware that there is a certain degree of risk involved in all physical activity, and that potentially severe injuries can occur. It is the express intent of the Ballet Academy of Texas Corporation to provide a safe environment and correct training in order to avoid any and all injuries to my child(ren). Therefore I agree to release the Ballet Academy of Texas Corporation from any liability should my child become injured while under the Ballet Academy of Texas' supervision.

Parent or Legal Guardian Signature _____

Date _____