

AMERICAN YOUTH BALLET

STUDENT REGISTRATION FORM

STUDENT INFORMATION

Student Name: _____
Address: _____
School / Grade: _____

Date of Birth: _____
City / State / ZIP: _____
Student Phone: _____

PARENT / GUARDIAN INFORMATION

Parent / Guardian 1: _____ Phone: _____ Email: _____
Parent / Guardian 2: _____ Phone: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

BALLET EXPERIENCE & CLASS SELECTION

Previous Ballet Experience: ☐ None ☐ Beginner ☐ Intermediate ☐ Advanced
Years of Training: _____ Previous School: _____
Classes Interested In: ☐ Ballet ☐ Pre-Ballet ☐ Pointe ☐ Contemporary ☐ Jazz ☐ Other
Preferred Class / Day / Time: _____

MEDICAL & ALLERGY INFORMATION

☐ No known medical conditions or allergies
Allergies / Medical Conditions: _____
Medications / Special Instructions: _____

PHOTO / VIDEO RELEASE

I give American Youth Ballet permission to photograph and/or record my child during classes, rehearsals, performances, and school activities, and to use such images/video for educational, promotional, website, and social media purposes. ☐ Yes ☐ No

LIABILITY WAIVER & POLICIES

I understand that ballet and dance training involve physical activity and inherent risks of injury. I confirm that the student is physically able to participate and agree to notify American Youth Ballet of any relevant medical condition or limitation. I understand that American Youth Ballet, its instructors, staff, and representatives are not responsible for injuries or losses except where caused by their gross negligence or willful misconduct. I agree to follow all school rules, attendance requirements, and payment policies. I understand that tuition and registration fees are subject to the school's current policies.

Parent / Guardian Signature: _____ Date: _____
Student Signature (if applicable): _____ Date: _____

OFFICE USE ONLY Registration Date: _____ Class: _____ Tuition: _____ Payment: ☐ Cash ☐ Check ☐ Card ☐ Other