

**CLASSICAL
BALLET
ARTS**

REGISTRATION

Student's name _____ Birthdate _____

Address _____ Phone# _____

PARENT INFORMATION

1)Name _____ Cell Phone _____

Address _____ Work Phone _____

_____ Home Phone _____

Email _____

2)Name _____ Cell Phone _____

Address _____ Work Phone _____

_____ Home Phone _____

Email _____

EMERGENCY CONTACTS

Name _____ Relationship _____

Telephone _____

Name _____ Relationship _____

Telephone _____

CLASSICAL
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Previous Ballet Training? _____

If Yes, Where? _____

Teacher _____

of Years _____

HEALTH HISTORY

Does your child have any pre-existing medical conditions? _____

If yes, please specify _____

Allergies? _____

Child's Physician _____ Phone# _____

If Medical attention is required, I understand that every effort will be made to contact me. If I cannot be reached, I give permission for teachers or administrators to begin emergency treatment, transport to a hospital, and treatment as deemed necessary by Medical Professionals.

SIGNATURE _____ DATE _____

Hospital Preference? _____

Do you give permission to CLASSICAL BALLET ARTS to use your child's photograph in Newsletters and/or advertisements? YES _____ NO _____ CBA Website? YES ___ NO ___

I Agree to NOT HOLD LIABLE, Classical Ballet Arts, or any associates, including parent volunteers and guest teachers, where classes or performances are held, for any damages resulting in injury or illness incurred while my child participates in this program. I further acknowledge that I have read, and agree to the terms of the tuition policies of Classical Ballet Arts.

SIGNATURE _____ DATE _____

**Be advised that there is a risk of infection, here, and almost everywhere in the world. To minimize this risk, we are all required to wear a mask at all times. CBA and the Congressional Church are doing more to keep things clean and sanitary. We hope this keeps us well, but sadly, cannot guarantee it. Updated as does the CDC.