



Registration Form 2008-09

Student's Full Name: _____

Nickname: _____ Age: _____ DOB: ____/____/____

Parent/Legal Guardian's Full Name: _____

Parent/Legal Guardian's Full Name: _____

Caretaker's Full Name: _____ Phone: () _____

Sibling's Name (if enrolled at PAB): _____

Mailing Address: _____

Street address

City

State

Zip

Email Address

Phone: _____

Daytime

Evening

Cell

Emergency Contact: _____

Name

Phone

Relationship

Please describe briefly any experience the student has had with ballet or other forms of dance prior to enrollment at PAB.

Please describe any special needs the student may have. (e.g. allergies, injuries, disabilities etc.)

How did you hear about us? Please check one.

Web search _____

Paper Ad _____

Word of mouth _____

Other _____ explain: _____

Waiver Release

In Consideration of Pacific Arts Ballet providing the undersigned with lessons, the undersigned acknowledges Pacific Arts Ballet does not carry liability insurance for injuries or damages or loss to personal property occurring during the course of said lessons and further agrees that neither Pacific Arts Ballet nor its principals, agents nor employees shall be liable for any injuries to the person or damages to personal property of the undersigned or any other person whomsoever, occasioned by, directly or indirectly, arising out of any act or omission or alleged act or omission of Pacific Arts Ballet or its principals, agents or employees in conjunction with the said lessons being so provided, and further hereby waives all rights to bring an action at law or in equity to recover damages to person or property arising out of or in any manner connected with said lessons. I acknowledge receipt of school policies.

Parent/Legal Guardian Signature

Date

For PAB Office Use Only

Class(s) Enrolled in: _____

Discount: _____

Initial Payment \$ _____

Initial Payment Made: ____/____/____

Quarterly Tuition Due: \$ _____

Date of 1st Class: ____/____/____

Family Name: _____