



# Eleve' Ballet Academy

## Registration Form

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:

A.) 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

B.) I have received a copy of the Regulation Guidelines of Elevé Ballet Academy and have read it thoroughly prior to signing this form. I will also go through these guidelines with my child so that he/she is aware prior to class participation. I give permission for Elevé Ballet Academy to use photographs of my child for promotional purposes only

\_\_\_\_\_  
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 1<sup>st</sup> Class: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Name: \_\_\_\_\_

Payment / Date / Form	1 <sup>st</sup> session	2 <sup>nd</sup> session	3 <sup>rd</sup> session	4 <sup>th</sup> session
____/____/____				
____/____/____				
____/____/____				
____/____/____				