



THE STUDIO, SCHOOL OF CLASSICAL BALLET

PROFESSIONAL TRAINING ACADEMY | CLASSES FOR CHILDREN, TEENS AND ADULTS

STUDENT ENROLLMENT FORM

| | | | |
|---|-----------------|--|------------------|
| Student Name | | Age | Birthdate |
| Address | | | |
| City State Zip | | | |
| Parent/Guardian | | email address: | |
| Phone – Day: | Evening: | Cell: | |
| Parent/Guardian | | email address: | |
| Phone – Day: | Evening: | Cell: | |
| Other Parent Address (if parents share custody and live at different addresses) | | Address City State Zip | |
| How did you hear about The Studio? | | | |
| Previous dance school(s): | | Years of previous ballet training? _____ | |
| Other forms of dance studied: | | | |
| I am dancing for: <input type="checkbox"/> Health <input type="checkbox"/> Enjoyment <input type="checkbox"/> Professional Aspirations <input type="checkbox"/> Other | | | |
| <p>WAIVER OF LIABILITY AND ASSUMPTION OF RISK</p> <p>The Studio promotes dance as an art form and emphasizes its physical aspects, including proper warm-up exercises. The strenuous nature of ballet training requires a healthy diet. I the undersigned, agree not to claim or demand any cost or expense or account in any way for personal injuries and/or property damage resulting to or sustained by, or which may in future result to or by the above student. The same is or shall be about the premises of The Studio, either as spectators or as dancers or dance students or dance instructors. Furthermore, I hereby assume all the risks of personal injury to the above-named minor, or myself, while dancing, receiving dance instruction, or in any way otherwise engaged with dance or dance instruction at The Studio. I, the undersigned, acknowledge the hazards in exercise programs and accept the risks involved and have discussed any special problems with my (or my child's) physician. I, the undersigned, also agree to indemnify, defend and hold harmless The Studio, its employees and instructors from any and all loss, liability, cost or expense, arising out of any or all dance and school related activities as a result of injury sustained in the prior.</p> <p>Initial _____</p> | | | |
| Conditions that might be helpful for us to be aware of (<i>Dyslexia, A.D.D, Allergies, etc.</i>): | | | |
| Academic School: | | Grade: | |
| Emergency Contact other than listed above: | | Relationship: | |
| Phone Day: | Evening: | Cell: | |
| Student's Physician: | | Phone: | |
| <p>USE OF NAME AND LIKENESS – I give permission to The Studio to use the name and/or likeness of the above named student for purposes of publicity, public or private, for profit or to advertise its training programs and methods. This permission is given in regard to videotapes, DVD's, website, television footage and photos, as well as mention of the student's name in print, and may be used in conjunction with applying for grants and other funding, which may also include promotional purposes as appropriate for the school in its capacity as the Official Academy of the Santa Cruz Ballet Theatre. Initial _____</p> | | | |
| Parent Signature: | | Date: | |

The Studio does not share private information with second parties, except email addresses with Santa Cruz Ballet Theatre.

Please let us know by initialing here if you would like us NOT to share that information with SCBT. _____