

Office Use Only	
Date Received _____	Returning _____
New _____	

CLASSICAL BALLET THEATRE

Adult Registration Form

Registration Forms are required for each individual student. Please print legibly.

Student Name _____ Class Registering For _____

Phone checked Regularly _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Emergency Contact (in case of injury)

Name _____ Phone # _____

Classical Ballet Academy will NOT release any of the above information to anyone outside of the studio without your permission.

Liability Waiver/Release

Must be signed for student to participate in classes.

Please read carefully before signing.

I _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including, but not limited to, serious physical injury. The participant hereby agrees to participate in activities of the Classical Ballet Theatre of Northern Virginia and hereby agrees to indemnify and hold harmless Classical Ballet Theatre, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the Classical Ballet Theatre of Northern Virginia. The participant also agrees to indemnify Classical Ballet Theatre for any damages incurred arising from any claims, demand, action or course of action by the participant.

The participant authorizes any representative of Classical Ballet Theatre of Northern Virginia to have the participant treated in any medical emergency during their participation in activities of the Classical Ballet Theatre. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

Any special medical/health problems or needs of which the staff should be aware are outlined in an attached form.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE. ADDITIONALLY, I HAVE READ AND AGREE TO ABIDE BY ALL STUDIO POLICIES AND PROCEDURES.

Student's Name (please print)

Signed _____ Date _____

Parent/Guardian (if participant is under 18) (please print)

Signed _____ Date _____

Adult Class Tuition Rates:
Single Drop-in--\$18
10 Class Card--\$160
Class Card via cc payment--\$165

Payments can be dropped into lobby tuition box. Thank you!