

2011-2012 Adult Division Registration

Registration

Registration forms must be accompanied by an annual registration fee. Class size is limited. The Louisville Ballet School reserves the right to close classes when filled or to cancel classes due to lack of attendance. Please submit a complete registration form for each student.

Preferred Adult Division Classes:

- Beginning Ballet Intermediate Ballet Advanced Ballet
 Pilates Latin Jazz Hip Hop
 Ballet F.I.T. Ballet Stretch Modern
 Flamenco Tap _____
 Street Jazz

How did you hear about us?

- Website
 Brochure
 Yellow Pages
 Facebook
 Courier-Journal / Velocity
 LEO Weekly
 Friend:
 Other

Contact Information

Student's Name _____ Male or Female

Date of Birth _____ Age _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email(s) (Strongly recommended: used frequently for important school communications) _____

Occupation / Employer _____

Mailing Address _____

City _____ State _____ Zip _____

Emergency Contact

Name (Other than Guardian) _____ Relation to Student _____

Phone Number _____

Registration Fee

Annual Registration Fee (Individual \$20 / Family \$30) \$ _____
 First class is complimentary with paid Registration Fee.
 Registered dancers may attend as many classes as they wish, paying for classes only when they attend by purchasing single classes or a multi-class card.

Class Card (\$120: 11 class card OR \$55: 5 class card) \$ _____

Scholarship Fund Donation \$ _____

Grand Total \$ _____

Payment Method

- Cash Check # _____ (Payable to Louisville Ballet School)
 MasterCard Visa American Express Discover

Card Number _____

Expiration Date _____ / _____ 3 or 4 # Security Code _____

Signature for charge _____ / _____
 Date Signed _____ / _____

Policy Agreement

The School reserves the right to determine the class level for every student, regardless of prior training. Students with delinquent accounts are generally not permitted to participate in class until the account is brought current. Fees may be assessed for delinquent accounts, declined credit card payments and returned checks.

Media Release I give my permission for photographs or video footage which includes my child or myself to be used for promotional purposes on television, newspapers, magazines or any other media.

Medical Release I am aware that ballet dancing and the gymnastic exercise associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the Kentucky Dance Council Inc., d/b/a Louisville Ballet School, and its Board of Directors, faculty, chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the Kentucky Dance Council Inc., the Louisville Ballet School activity or any of its related functions. Permission is granted for emergency medical treatment for my child / me.

Please list all relevant medical conditions _____

I acknowledge that I have read, understand, and agree to comply with all above releases and the policies and procedures of the Louisville Ballet School.

Adult Student Signature _____ / _____
 Date Signed _____ / _____