

Registration Form

COMPLETE, SIGN, DATE AND SUBMIT ALL OF THE FOLLOWING WITH PAYMENT BEFORE FIRST CLASS. PRINT Class(es), day(s), time(s), and title(s) exactly as listed in brochure:

Student Name: _____

Date of Birth (if under 18): _____

Parents' Names (Printed): _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

E-Mail: _____

Please note any medical conditions: _____

Total Tuition Due: \$ _____

Total Tuition Enclosed: \$ _____

Balance Due: \$ _____

How did you hear about us? Friend

Yellow Pages Advertisement

Other (please specify): _____

****SIGNATURE (Parent for minor) & Today's Date:**

**We acknowledge that we are registering and responsible for the "TOTAL TUITION DUE" for the academic season and that there are no refunds or credit without written physician's excuse. We hereby acknowledge the physical demands, occasional physical contact, and inherent risks involved in dance activity, guaranteeing the registered students to be in sound physical condition with physician's approval. We agree to hold Ballet University, LLC/Verona Youth Ballet, its officers, agents, and employees in both individual and official capacities, harmless from liability for injury damage or loss to person or property as a result of participation in any BU/VYB activities. I and/or my child(ren) will follow posted BU/VYB policies.

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