



STUDENT REGISTRATION FORM 2011/2012

Annual registration fee of Thirty (\$30) dollars per student paid on (date) _____

Level Assigned: _____

Print Student Name: _____

Address: _____ **City:** _____ **Zip:** _____

Email: _____ **Current Age:** ____ **DOB:** _____

Parent/Guardians Names: Mother: _____ **Father:** _____

Name: _____ **Cell Phone #:** _____ (primary contact)

Name: _____ **Cell Phone #:** _____ (secondary contact)

Student's Home Phone #: _____ **Student's Cell Phone #:** _____

Parent/Guardian's Employer: _____

In Case of Emergency please notify:

Name/Relation: _____ **Phone:** _____

Former training at: _____ Location: _____

Year instruction was commenced: _____ Level at completion: _____

Amount of classes per week: _____

Reason for transfer: _____

School where the student attends: _____ City: _____

Grade: _____

CONFIDENTIAL

Has there been a history of medical problems? _____ Yes _____ No

If so, and they could be relevant to the instruction of the student, please indicate below:

Does the student use prescription medication, or have asthma? _____

Please list any medications: _____

How did you hear about San Diego School of Ballet? _____

Referred by: _____ Have you attended any San Diego Ballet's professional

performances? _____ If so, when? _____

LEGAL CLAUSE RELEASING LIABILITY

I understand that neither the San Diego School of Ballet, San Diego Ballet, Malashock Dance, SD Dance theater, Dance Place San Diego, the Owner, the Director, the Instructor(s) nor any of the their employees or volunteers, will be held responsible or liable for any injury, accident, or damages that may occur on these premises. Approving to this condition includes incidents experienced within the building and, or outside the Dance Place San Diego building, as well as at off site theaters, schools, or other locations.

My signature indicates my agreement _____

Printed Name: _____ **Relation to Participant:** _____

Today's Date: _____