



# Registration Form

## 2009-2010 Dance Year

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Phone: Home:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_

Address:(if different) \_\_\_\_\_

Phone: Home:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternative Emergency Contact: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Previous Dance Training: \_\_\_\_\_

Number of years completed at BAC \_\_\_\_\_ How did you hear of BAC \_\_\_\_\_

**Liability Disclaimer:** *Ballet Arts Centre is not liable or responsible for any personal injury incurred by any student while participating in any class, nor for loss or damage to any personal property while on the premises. Any physical problems or limitations should be discussed with the director prior to enrollment in any class.*

Parent's Signature \_\_\_\_\_

**DO NOT FILL IN BOTTOM SECTION**

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Class Placement: \_\_\_\_\_

Registration Fee Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment : Ck.# \_\_\_\_\_ Auto-Pay \_\_\_\_\_ Other \_\_\_\_\_