

Ballet Arts Centre of Winchester, Inc.



Registration Form

2011 - 2012 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

Class Placement: _____

Registration Fee Amount \$ _____ Date Paid _____

Method of Payment : Ck.# _____ Auto-Pay _____ Other _____