



THE BROOKLINE BALLET SCHOOL

TRINIDAD VIVES Artistic Director

Children's Classes REGISTRATION FORM

Please complete and return to The Brookline Ballet School, 1431 Beacon Street, Brookline MA 02446.

Completed/signed forms may also be e-mailed to info@brooklineballet.com in .pdf format with credit card payment.

You can also register on-line at brooklineballet.com by clicking on the tab "Registration" with payment by credit card.

A Waiver of Liability and Medical Proxy form must be completed before the first class.

1 - STUDENT INFORMATION

Name First Last F M

Address Street City State Zip

Phone Home Cell E-mail

Date of Birth m/d/y Age Grade School

2 - PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Name First Last

Address Street City State Zip

Phone Home Cell E-mail

Parent/Guardian 2

Name First Last

Address Street City State Zip

Phone Home Cell E-mail

3 - EMERGENCY CONTACT (in case parents/guardians cannot be reached)

Name First Last

Phone Home Cell

Relationship to student

4 - MEDICAL INFORMATION

Does the student have any medical/physical conditions or other limitations that we should be aware of?

NO YES Please explain

5 - CLASSES IN WHICH YOU WISH TO ENROLL YOUR CHILD

Mommy & Me Movement (~2-3y)

Creative Dance (3-4y)

7 – WAIVER OF LIABILITY

I understand that The Brookline Ballet School, LLC (TBBS) is accepting my child as a student. I realize that there are certain dangers inherent in the art of dancing and fitness activities. I agree to assume the risk of all injuries or damage that may arise from my child's participation in preschool or dance activities at TBBS. I certify that my child is in proper physical condition to take part in dance activities. I/We hereby consent to and authorize the use and reproduction by TBBS of any and all photographs or motion recordings or likenesses of the Child's person or characteristics (Reproductions) for any purpose whatsoever, without compensation to the Child. All Reproductions shall be the property of TBBS and I/we assign the rights to said Reproductions and authorize TBBS or others authorized by them to exhibit, broadcast or distribute said Reproductions in whole or part in any medium, without compensation. In consideration of the above, I hereby release TBBS and its Managers, Members, Director, teachers, employees, agents and staff from and against any liability or claim for any injury, misadventure, harm, loss, cost or damage sustained in connection with my child's participation in TBBS classes and activities. I have read this release and understand its meaning.

Signature _____ Date _____

8 – EMERGENCY MEDICAL PROXY (please read carefully, check and sign one)

I understand that, as parent or guardian, I will be contacted if medical attention is required during class time. If I cannot be reached, I hereby authorize an administrator of The Brookline Ballet School to arrange for emergency medical treatment for my child as necessary. I shall indemnify, hold harmless and defend The Brookline Ballet School, its Managers, Members, Directors, teachers, employees, agents and staff, except in cases of willful misconduct or gross negligence on their part, against any and all claims, actions, or suits brought for damages or alleged damages, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property or from loss of life sustained by my child in connection with my child's participation in TBBS classes and activities or otherwise.

Signature _____ Date _____ Healthplan _____ Plan Number _____

I do not authorize TBBS to consent to emergency medical treatment for my child. I therefore agree that I or my representative will remain at TBBS during my child's class.

Signature _____ Date _____

9 – PAYMENT METHODS

SINGLE PAYMENT at registration

- CASH Only in-person at *The Brookline Ballet School*
 CHECK Please make your check payable to *The Brookline Ballet School*
 CREDIT CARD Card type VISA / Master Card / Discover (*AmEx not accepted*)

Cardholder's name _____

Card number _____ Security Code _____ Expiration date ____/____

10 – HOW DID YOU HEAR ABOUT US (friend, walking/driving by, advertisement etc...)

11 – SUGGESTIONS (classes you would like us to offer, class times etc...)