



# THE BROOKLINE BALLET SCHOOL, LLC

## Adult Dance & Fitness REGISTRATION FORM

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

Completed/signed forms may also be emailed to [enrollment@brooklineballet.com](mailto:enrollment@brooklineballet.com) in .pdf format with credit card payment. You can also register on-line at [www.brooklineballet.com](http://www.brooklineballet.com) by clicking on the tab "Registration" with payment by credit card.

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

### 1 - ADULT STUDENT INFORMATION

Name	First	Last	F <input type="checkbox"/>	M <input type="checkbox"/>
Address	Street	City	State	Zip
Phone	Home	Cell	E-mail	
Date of Birth	M/D/Y (Optional)	Age		

### 2 - EMERGENCY CONTACT

Name	First	Last
Phone	Home	Cell
Relationship to student		

### 3 - WAIVER OF LIABILITY

I understand that The Brookline Ballet School, LLC (TBBS) is accepting me as a student. I realize that there are certain dangers inherent in dancing and fitness activities. I agree to assume the risk of all injuries or damage that may arise from my participation in dance/fitness activities at TBBS. I certify that I am in proper physical condition to take part in dance/fitness activities. I hereby consent to and authorize the use and reproduction by TBBS of any and all photographs or motion recordings or likenesses of me person or characteristics (Reproductions) for any purpose whatsoever, without compensation. All Reproductions shall be the property of TBBS and I 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 participation in TBBS classes and activities. I have read this release and understand its meaning.

Signature	Print name	Date
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### 4 - MEDICAL INFORMATION

Do you have any medical conditions or limitations that we should be aware of?

NO ☐ YES ☐ Please explain

### 5 - HOW DID YOU HEAR ABOUT US (friend, walking/driving by, advertising etc...)

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### 6 - SUGGESTIONS (classes you would like us to offer, class times etc...)

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