

<b>For TBBS use only.</b>
Level
Reg. Date
Reg. Fee
Full tuition
1 <sup>st</sup> Inst.
2 <sup>nd</sup> Inst.
3 <sup>rd</sup> Inst.

## 2012-2013 YBP REGISTRATION FORM

Please complete form and return to

The Brookline Ballet School, 1431 Beacon Street, Brookline MA 02446

Completed/signed forms may also be emailed to

info@brooklineballet.com in .pdf format with credit card payment.

<b>Name</b>	First				Last				F <input type="checkbox"/> M <input type="checkbox"/>
<b>Address</b>	Street				City				State Zip
<b>Phone</b>	Home		Cell		E-mail				
<b>Date of Birth</b>	m/d/y		Age		Grade		School		
<b>2 - PARENT/GUARDIAN INFORMATION</b>									
<b>Parent/Guardian 1 (primary contact)</b>									
<b>Name</b>	First				Last				
<b>Address</b>	Street				City State Zip				
<b>Phone</b>	Home		Cell		E-mail				
<b>Parent/Guardian 2</b>									
<b>Name</b>	First				Last				
<b>Address</b>	Street				City State Zip				
<b>Phone</b>	Home		Cell		E-mail				
<b>3 - EMERGENCY CONTACT (in case parents/guardians cannot be reached)</b>									
<b>Name</b>	First				Last				
<b>Phone</b>	Home		Cell						
<b>Relationship to student</b>									
<b>4 - MEDICAL INFORMATION</b>									
Does the student have any medical/physical conditions or other limitations that we should be aware of?									
NO <input type="checkbox"/> YES <input type="checkbox"/> Please explain									
<b>5 – PREVIOUS DANCE EXPERIENCE</b>									
Current ballet school/level/#hours								Number of years	
Previous training									
Summer Intensives									

## 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. I agree to assume the risk of all injuries or damage that may arise from my child's participation in 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

**Please add the registration fee of \$20 to your payment.**

Fees for late payment (\$20/month), returned check or credit card decline (\$30/occurrence). Payments more than 2 months in arrears may jeopardize student's participation in classes.

☐ **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 \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_ Security Code\_\_\_\_\_

- or -

☐ **INSTALLMENTS** Credit card # required for payment in installments. (A \$30 service fee will be added to set up installment payments.)

☐ CREDIT CARD Card type ☐ VISA / ☐ Master Card / ☐ Discover (*AmEx not accepted*)

Cardholder's name \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_ Security Code\_\_\_\_\_

## 10 – CLASS PLACEMENT For more information on classes, check our website at [www.brooklineballet.com](http://www.brooklineballet.com)

**CLASS LEVEL** (as placed by TBBS): \_\_\_\_\_

\* For PreBallet 1, PreBallet 2, and Level 1 only

1<sup>st</sup> Choice Day: \_\_\_\_\_

2<sup>nd</sup> Choice Day: \_\_\_\_\_