



THE BROOKLINE BALLET SCHOOL, LLC

Adult Dance & Fitness REGISTRATION FORM

Please complete and mail to The Brookline Ballet School, 1431 Beacon Street, Brookline MA 02446. **First-time students please include the registration fee of \$10.** Completed/signed forms may also be emailed to enrollment@brooklineballet.com in pdf format with credit card payment. You can also register on-line at www.brooklineballet.com by clicking on the tab "Schedule & Registration" with payment by credit card – a Waiver of Liability form must be completed and signed before your first class.

1 – ADULT STUDENT INFORMATION

Name Last _____ First _____ Gender F M
Address Street _____ City _____ State _____ Zip _____
Phone Home ____ - ____ - _____ Cell ____ - ____ - _____ E-mail _____
Optional: Date of Birth ____ / ____ / ____ **Age** ____

2 - EMERGENCY CONTACT

Name Last _____ First _____ Mrs Ms Mr
Phone Home ____ - ____ - _____ Cell ____ - ____ - _____
Relationship to student _____

3 - DANCE & EXERCISE CLASS(ES) YOU PLAN TO ATTEND OR IN WHICH YOU WISH TO ENROLL

Please check all appropriate boxes. Note that many classes for adults are offered on an open drop-in basis, so indicating your intention to participate is not a reservation or commitment, but will help us plan. You can reserve your place in individual classes at www.brooklineballet.com by enrolling on the "Registration" tab and following instructions to individual classes. Registration is recommended or may be required for those classes marked below with an *asterisk. TBBS will review student's class placement to confirm eligibility. For more information, please contact us at info@brooklineballet.com or 617-879-9988.

*Modern Dance	<input type="checkbox"/> Monday 6:00-7:30PM	<input type="checkbox"/> Wednesday 6:00-7:30PM
*Jazz Dance	<input type="checkbox"/> Saturday 1:30-3:00PM	
*Spanish Dance	<input type="checkbox"/> Flamenco 2 Thursday 5:00-6:15PM	
*African Dance	<input type="checkbox"/> Friday 6:00-7:30PM	
Ballet Workout	<input type="checkbox"/> Tuesday/Thursday 9:00-10:00AM	<input type="checkbox"/> Monday/Wed/Fri 12:30-1:30PM
Zumba! Latin Fitness	<input type="checkbox"/> Wednesday 7:30-8:30PM	
Stretching	<input type="checkbox"/> Dancer Stretch Monday 5:00-6:00PM	<input type="checkbox"/> Rise & Stretch Sat 8:00-9:00AM
Yoga	<input type="checkbox"/> Sunrise Mon/Wed/Fri 6:30-7:45AM	<input type="checkbox"/> Slow Tuesday 7:30-8:45AM
	<input type="checkbox"/> Vinyasa Mon 9:00-10:15AM	<input type="checkbox"/> Slow Thurs 8:30-9:45AM
	<input type="checkbox"/> Vinyasa Tues & Fri 12:00-1:00PM	<input type="checkbox"/> Lunchtime Thurs 12:30-1:30PM
	<input type="checkbox"/> Dancer Mon & Wed 7:30-8:45PM	
Pilates	<input type="checkbox"/> Tues & Thurs 11:30AM-12:30PM	<input type="checkbox"/> Mon & Wed 7:30-8:45PM
	<input type="checkbox"/> Dancers Monday 7:00-8:00PM	<input type="checkbox"/> Adults 50+ 5:00-6:00PM
	<input type="checkbox"/> Dancers Friday 7:00-8:00PM	<input type="checkbox"/> Adults 6:00-7:00PM
*Post-Partum Pilates	<input type="checkbox"/> Tuesday 10:30-11:20AM	<input type="checkbox"/> Thursday 10:30-11:20AM

4 – 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 _____ Date _____

Print name _____

5 – MEDICAL INFORMATION

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

NO YES Please explain: _____

6 – PAYMENT METHODS

CASH Only in-person at *The Brookline Ballet School*

CHECK Please make your check payable to *The Brookline Ballet School*.

CREDIT CARD

Cardholder's name _____

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

Card number _____ / _____ Expiration date ____/____

Returned check or credit card decline charge \$30/occurrence.

For TBBS Office use only:	Registration fee: \$ ____ / ____ / ____	Tuition: Total \$ _____
	Student number _____	Registration \$ _____ Received ____ / ____ / ____