



207 Kinderkamack Rd., Emerson, NJ 07630 201-970-7690
www.BalletArtsNJ.com

2017/2018 SEASON REGISTRATION FORM

STUDENT INFORMATION - please print.

Student Name _____
Last First
Address _____
Street City State Zip Code
Phone _____
Home Cell Preferred
E-mail _____

EMERGENCY CONTACT INFORMATION

Name _____
Last First
Address _____
Street City State Zip Code
Phone _____
Home Cell Work
Relationship _____

MEDICAL INFORMATION

List any allergies, medications, or medical conditions:

<u>Adult Classes (3 month expiration)</u>	
10 class card	\$150
20 class card	\$280
Payment by check or cash. A 3.5 % fee will be added to CCs.	



2017/2018 SEASON

AGREEMENT AND RELEASE

Student’s Name: _____

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance and related arts. I understand that Ballet Arts cannot be responsible for any injuries or damages suffered by _____ (student) during participation in programs at Ballet Arts. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue Ballet Arts, it’s officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliates and entities (hereinafter collectively referred to as “Ballet Arts”). I hereby agree to release Ballet Arts and hold Ballet Arts harmless of all liability. I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document of my own free will in exchange for participation. With this knowledge, I give consent to participate in the program. In an emergency situation, I hereby grant permission for a staff member at Ballet Arts to seek emergency medical treatment for _____

Signature of Participant Date

MEDIA RELEASE AGREEMENT

I agree to give Ballet Arts the absolute right and permission to use my name, photograph(s) or likeness in promotional materials and publicity efforts. I understand that these images may be used in a publication, print ad, electronic media (e.g. video, webpage on the Internet) or other form of promotion. I release Ballet Arts and, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use and will not receive any compensation.

Signature of Participant Date