



REGISTRATION FORM

I fully understand the policy and guidelines set forth by the School of Ballet Central New Jersey. I agree to pay the tuition for the classes registered. I understand there are no deductions, refunds, or credits. That also applies for missed classes regardless of reason or for weather. Classes can be made up by the student in any appropriate age and level class during the course of the year, at students own discretion. I understand that the School of Ballet Central New Jersey is not responsible for any student who may be injured in class or on the studio premises and fully accept to participate in classes, instruction and activities held at the School of Ballet Central New Jersey located at 4 Tennis Court Hamilton, NJ. I do understand the risk involved and the nature of dance movement and physical activity and the training is at the own risk of the student. In this understanding I will not hold the school, its instructors, employees, agents, students, guest or any person on the premises liable for any and all damages. I acknowledge that the image of the student registered may be used by the School of Ballet Central New Jersey in promotional materials, and I release the School of Ballet Central New Jersey from any claim that may arise out of the use of that image.

Student Name: _____ D.O.B.: _____ Age: _____

Parent Name: _____

Address: _____
(City) (State) (Zip)

Home Phone# _____ Cell Phone # _____

Parent Email(print): _____

Student Email(print): _____

Emergency Contact: _____ Phone # _____

Please List Any Medical Conditions: _____

Years of Experience: _____ Other Studios Attended: _____

How Did you Hear About Our Studio? _____

Would you like to receive the BalletCNJ Newsletter? YES/NO Email address: _____

Signature(Parent Signature if under 18) _____

-----Office Use-----

Program Registering for: Year Round ___ Open/Adult ___ Summer Series ___ Summer Intensive ___

Registration Fee Paid: ___ Form of Payment: Cash / Check / Credit Card



Waiver

1. I understand that the School of Ballet Central New Jersey is not responsible for any person or student who may be injured in class or on the studio premises and fully accept to participate in the School of Ballet Central New Jersey classes, instruction, and/ or activities held at 4 Tennis Court Hamilton, NJ. I do understand the risk involved and the nature of dance movement and physical activity and that training is at the own risk of the student and waive all claims of action against the School of Ballet Central New Jersey and its associates and instructors.
2. Any student enrolled or participating in any activity at the School of Ballet Central New Jersey acknowledges they are in good physical condition and are able to perform activities within the enrolled class or intensive. Any medical conditions must be made known prior to the start of class enrollment and is at the students own risk.
3. The Party or individual responsible for the student participating is advised to provide medical insurance for the student or participant and will not hold the School of Ballet Central New Jersey and its agents, guests or employees liable in the event of any accident, injury or claim. In case of an emergency, and the emergency contact is not reachable, I give permission to the staff to obtain emergency medical treatment or render aid for any injury that may occur while attending classes at the School of Ballet Central New Jersey or any related activities at 4 Tennis Court Hamilton, NJ.
4. Additionally, I grant permission for use of any photos or videos for the School of Ballet Central New Jersey promotional use.

****I have read this waiver and understand the terms and conditions of the above policy and guidelines and understand it is for the best interest of all parties involved.***

Student Enrolled _____

Emergency Contact _____ Phone # _____

Parent Signature(if under 18) _____ Dated _____

Print _____