

Glens Falls Ballet and Dance Center

413 Bay Road * Queensbury, NY 12804 * 518-793-9201

www.glensfallsballetanddance.com

Student's Last Name _____ First _____

Age _____ M _____ F _____ Birthdate _____

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell. _____

Parents Names _____

Prior Dance Training _____

Emergency Contact and # _____

Any Known Medical Conditions _____

As legal guardian of the child registered on this form, I hereby consent for him or her to participate in dance classes conducted by the Glens Falls Ballet and Dance Center. I recognize that any activity involving movement can create the possibility of a dance injury. I confirm that my child is in good health and I authorize simple first aid if needed. It is hereby agreed that I, my child(ren) adopted or otherwise, my executors waive and release all rights and claims for damages that I may have at any time against the Glens Falls Ballet and Dance Center or its representatives for an injury or damages in connection with the Glens Falls Ballet and Dance Center. I also understand that no refunds are given. Late payments of two weeks or more will incur a 5% fee and returned checks will incur a \$35 fee.

Signature

Date

Classes your child will be taking _____

NO REFUNDS

We accept VISA and MASTERCARD

Email address (optional) _____