

ADULT REGISTRATION FORM

(2 Pages)

Student Name :				
Address:	City St Zip			
Home Phone	Student Cell			
Student Email	Medical Conditions			
Emergency Contact	Phone			
Date of Birth/ Age Scho	ool Grade			
Previous Dance Training at	Other			
Tuition is to be paid directly to the teacher before attending each class. (Cash or check) Student must also sign Release of Claims Form (PAGE 2).				
Both Forms must be presented to teacher fore attending the first class.				
Signature				



RELEASE OF CLAIMS AND TREATMENT AUTHORIZATION

Release authorization made on (date)	/	/	by		
Student (full name)	Parent/0	Guardian c	f minor student		
am aware that dance classes, and fitness exercises which are associated with the it, place unusual stress on the body and carry the risk of physical injury. I assume the risk for myself or (on behalf of my child, if a minor), and agree that Paris Ballet & Dance shall not be liable in any way for injuries sustained during attendance at the studio or any related functions. Paris Ballet & Dance is not responsible for any student not on the property prior to classes, between classes or after classes.					
hereby release and discharge Paris Ballet & Dance, its agents and employees from all claims, demands, actions, judgments and executions which the undersigned heirs and executers may claim to have against Paris Ballet & Dance or its successors, for all personal injuries caused by or arising from the above described activities, any activities related thereto and/or failure to follow studio regulations and rules.					
Further, I grant Paris Ballet & Dance, its agent emergency treatment that may be required for					
Insurance Company	Р	olicy Num	ber		
the undersigned, have read this release/authorization form and understand all its terms. I execute it voluntarily and with full knowledge of its significance.					
	Signatur	e of Parer	nt/Guardian		