

NEWSCHOOL of
Dance & Arts
Ballet Elite

REGISTRATION FORM: **21-22 DANCE SEASON** _____ Date _____

Child Name: _____
 First Middle Last

Age _____ Birthdate _____

School _____ Grade _____



Home Address: _____ State _____ Zip _____

Parent Name: _____,

Phones: Cell_(_____) _____ Work_(_____) _____

Home(_____) _____ email _____

HEALTH INFORMATION

Chronic Allergies: _____

Date of Last Tetanus _____

Covid-19 Vaccine age 12 & UP _____

Medications if Needed During Class, Adult Supervision Required by Staff:

Restricted Activities: _____

Pediatrician: _____ Phone _____

Health Insurance: _____ Policy # _____

In case of emergency, I give permission for Ballet Elite /NSD&A Staff to seek medical attention. I also understand that if my child becomes sick, Ballet Elite /NSD&A will contact me and I will come and get him or her immediately. I understand that I am responsible to pay for all medical attention.

SIGNATURE: _____ DATE _____

PHOTOGRAPHS & PROMOTIONAL RELEASE

All photographs taken at Ballet Elite / NSD&A classes, performances, or field trip activities remain the property of and under copyright to Ballet Elite /NSD&A. You understand that Ballet Elite /NSD&A may use the photo or video image of your child for the purposes of marketing and promotion.

