# Cuizon Ballet Centre Registration (Adult)

# **Student Information**

Student's Name:	Date of Birth:
Mailing Address:	
City/Zip:	
	Phone(2):
Email Address:	
STUDENT GUIDELINES	
<ul> <li>10 classes which is good for one file to be charged when adult car</li> <li>All ballet dancers must have the</li> <li>Proper ballet attire is required: <ul> <li>Women: pink ballet slippers, led (with or without skirt),</li> <li>Men: black leggings, t-shirt, blac</li></ul></li></ul>	otard and pink tights or leggings and a t-shirt. ack or white shoes. he studio. In the studio is the studio. In the studio is the studio is the studio. In the studio is the studio
<b>Legal Release and Policy Acceptance</b>	(please initial)
I understand the Studio Policies.	
I understand the risks related to phy	sical exercise and dance.
I understand my responsibilities for	my property.
I understand that all payments are <i>I</i>	NON-REFUNDABLE and NON-TRANSFERABLE.
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## CUIZON BALLET CENTRE LIABILITY RELEASE/WAIVER FORM

All participants and students must complete this form before participating in any classes or rehearsals at Cuizon Ballet Centre. If participant is under age 18, a parent or guardian must also sign this form. Admission to class and/or rehearsal will not be granted if this form is not received prior to class and is not properly signed.

### Waiver of Liability

I/we recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release Cuizon Ballet Centre, Lisa Cuizon, all staff, event sponsors, employees and dance teachers from all liability for injuries sustained or illnesses contracted (including but not limited to COVID-19) while attending or participating in any dance classes, rehearsals, workshops, or performances. I agree to indemnify, defend, and hold harmless, Cuizon Ballet Centre, Lisa Cuizon, all staff, event sponsors, employees and dance teachers for liabilities, costs and judgments arising from acts of omissions committed by me or my child which result in injury or damage to any person or property.

#### PLEASE PRINT CLEARLY

Signature of Participant	Date
Printed Name of Participant	
Signature of Parent/Guardian (If under 18)	Date
Printed Name of Parent/Guardian	