

Cuizon Ballet Centre Registration (Summer Session)

Student Information

Student's Name: _____ Date of Birth: _____
Address: _____
City/Zip: _____
Primary Phone: _____ Phone(2): _____
Email Address: _____
Parent/Guardian: _____
Emergency Phone Numbers: _____
How did you hear about us? _____

Summer Foundational Ballet & Foundational Ballet PLUS

Summer Intro to Ballet

Legal Release and Policy Acceptance (please initial)

- ☐ I/we understand the Studio Policies
- ☐ I/we understand my billing obligations
- ☐ I/we understand the dress code
- ☐ I/we understand the schedule
- ☐ I/we understand the attendance policy
- ☐ I/we understand the risks related to physical exercise and dance
- ☐ I/we understand my responsibilities for my property
- ☐ I/we understand that all payments are NON-REFUNDABLE and NON-TRANSFERABLE

Signature / Responsible Party _____ Date _____

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 _____