



School of Ballet Arts Summer intensive

Summer Registration

Levels: _____

Student Information:

Last Name: _____ First Name: _____

Gender: _____ Age: _____ T-Shirt Size: _____

Cell Phone: _____ E-Mail: _____

Are you a US Citizen? _____ Are you parents Divorced? _____

Parent 1(Guardian) Name: _____

Parent 1 Address: _____

Parent 1 City, State, and Zip: _____

Parent 1 Phone: _____

Parent 2 (Guardian) Name: _____

Parent 2 Address: _____

Parent 2 City, State, and Zip: _____

Parent 2 Phone: _____

Emergency Contact Name and Relationship: _____

Emergency Phones: _____

Emergency Contact Address: _____

Insurance Carrier: _____ Policy #: _____

Allergies? _____ Physical Conditions? _____

How did you find out about this program? _____

School of Ballet Arts

www.schoolofballetartsfl.com

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