



CAPITAL CITY BALLET CENTER

Registration Form

Parent's or Guardian's Name _____

Address _____ City, Zip _____

E-mail _____ Phone/Home _____ Parent's Occupation _____

Phone/Work _____ Cell Phone _____ Emergency _____

Student (Full Name) _____ Birthdate _____ Grade in School _____

Student (Full Name) _____ Birthdate _____ Grade in School _____

Student (Full Name) _____ Birthdate _____ Grade in School _____

Student(s) to be enrolled in the following classes:

Student's Name			
Level			
Day(s) of the week			
Hours per week			
Tuition			
Registration fee	\$25	One registration fee / family	One registration fee / family
TOTAL PER STUDENT Due with registration			

*** Consent Releases: Please initial each section and then sign below ***

MEDICAL CONSENT: In the event of injury, I hereby authorize the program officials of the Capital City Ballet Center to arrange for such medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the Capital City Ballet Center and all others from all liability in taking such action, including all action which may be contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

LIABILITY RELEASE: I do hereby agree to release the Capital City Ballet Center and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in this program. _____

MEDIA RELEASE: I give Capital City Ballet Center the right to use my child's (children's) photo or video footage in presentations, newsletters, publications, advertisement, studio website, and/or the studio Facebook page. _____

PAYMENT AGREEMENT: I agree to pay tuition fees on or before the scheduled due dates. Cash, check, and credit cards are accepted. Card payments incur a 3% processing fee. If payment is not received within 10 days after the due date, I understand that Capital City Ballet Center may impose a late fee of \$10 and student may not be able to attend classes until balance is paid. If amount owed remains unpaid after 90 days, I understand that the studio may refer collection of the unpaid amount to an attorney or collections agency, and I shall be responsible to pay all reasonable attorney or collection agency fees in addition to late fees. _____

Signature of Parent or Guardian _____

New students, how did you hear about us? _____

Registration form and payment with check or money order may be mailed to 8639 W. Galactic Ct. Boise ID 83709.