



EL PASO BALLET THEATRE - REGISTRATION FORM

PLEASE PRINT CLEARLY
PROVIDE ALL INFORMATION REQUESTED.
SIGN AND DATE.

Reg. Packet

Student's Name

Date of Birth _____ Age _____

Parents' Names _____

Street Address _____

City, State Zip _____

Phone 1 _____

Phone 2 _____

Academic School _____

Email (parent)

Email (student)

Emergency

Contact Person(s) _____

Relation to Student _____

Emergency Phone(s) _____

STUDENT'S PREVIOUS DANCE HISTORY (For new students only)

Years of dance training: _____. Previous dance studio(s) and instructor(s): _____

How did you learn about us? ☐ Facebook ☐ Google ☐ Yelp ☐ Friend ☐ Other: _____

RELEVANT HEALTH HISTORY

Please list student's medical or physical conditions or injuries (e.g., asthma, allergies, scoliosis, bone fractures, etc.) that may affect vitality, strength, balance, flexibility, etc., when engaging in strenuous physical activity: _____

I understand that El Paso Ballet Theatre is not responsible for any accidents or injuries that may occur on its premises. Photographs and videos may be taken of the dancers from time to time during class, in rehearsal, or on stage. I consent to allow images of myself/my child to be used by El Paso Ballet Theatre School or its resident company El Paso Ballet Theatre for display, publicity or other purposes.

****I agree to make tuition payments on time and to pay other applicable charges by the specified deadlines. Students will be allowed to make up missed classes, but Tuition and Fees are non-refundable. I have read and understand all of the school's enrollment policies.***

ADULT STUDENT or PARENT SIGNATURE: _____ **Date** _____

FOR OFFICE USE ONLY (do not write in this box)

Enrolling for level _____ Classes per week _____ on days: Mon Tue Wed Thu Fri Sat

Tuition option: ☐ Monthly ☐ Fall Qtr (5% discount) ☐ Winter Qtr (5% discount) ☐ Spring Qtr (5% discount)

☐ Summer Qtr (5% discount) ☐ Year (10% discount, Aug'18–Aug'19) ☐ Auto Withdrawal

Payments: \$ _____ Annual Registration Fee (\$50.00, or \$75.00 families)

+ _____ Tuition (see *Tuition Schedule* to determine amount due)

Total Paid: \$ _____ Check one: ☐ Cash ☐ Check # _____ ☐ Credit Card: _____