



**9212 SW 156 STREET
PALMETTO BAY FL 33157
305 420 5208**

REGISTRATION FORM
(PRINT CLEARLY)

STUDENT
NAME: _____ D.O.B : _____ AGE _____

NAME OF PARENTS/GUARDIAN: _____

ADDRESS: _____

CITY : _____ STATE : _____ ZIP : _____

CELL PHONE : _____ TEXT : YES/ NO (CIRCLE ONE)

EMAIL : _____

OF CLASSES ENROLLED IN : _____

HOW DID YOU HEAR ABOUT MIAMI CUBAN BALLET SCHOOL? (BE SPECIFIC)

FRIEND : _____ DRIVING BY : _____ FLYER: _____

OTHER : _____

CREDIT CARD INFORMATION (CIRCLE ONE)
MASTER CARD, VISA, OR AMERICAN EXPRESS)

NAME (AS IT APPEARS ON THE CARD) _____

CARD # : _____ EXPIRATION DATE : _____

CVV # : _____

ADDRESS (IF DIFFERENT) : _____

CITY : _____ STATE : _____ ZIP : _____

CARDHOLDER'S SIGNATURE : _____

WAIVER OF LIABILITY FORM

WAIVER OF LIABILITY

I, _____, (PARENT/GUARDIAN'S NAME)
HEREBY GIVE MY CHILD, _____, (CHILD'S NAME)
PERMISSION TO DANCE AT MIAMI CUBAN BALLET SCHOOL. I WAIVE THE RIGHT TO ANY
LEGAL ACTION AGAINST MIAMI CUBAN BALLET SCHOOL FOR ANY INJURY SUSTAINED ON
STUDIO PROPERTY OR AT ANY MIAMI CUBAN BALLET SCHOOL EVENT. I UNDERSTAND
THAT I AM ENROLLING MY CHILD IN A PROGRAM OF PHYSICAL ACTIVITY AND HAVE
AGREED THAT MY CHILD IS IN GOOD PHYSICAL CONDITION AND DOES NOT SUFFER FROM
ANY DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THIS DANCE
PROGRAM.

MEDICAL RELEASE FORM

I, _____, (PARENT/GUARDIAN'S NAME)
HEREBY GIVE PERMISSION FOR ANY AND ALL MEDICAL ATTENTION TO BE ADMINISTERED
TO MY CHILD, _____, (CHILD'S NAME), IN THE
EVENT OF ACCIDENT, INJURY, SICKNESS, ETC, UNDER THE DIRECTION OF THE PHYSICIAN
LISTED OR AT ANY NECESSARY EMERGENCY FACILITY, UNTIL SUCH TIME AS I MAY BE
CONTACTED, I ALSO ASSUME THE RESPONSIBILITY FOR THE PAYMENT OF ANY SUCH
TREATMENT. THIS RELEASE IS EFFECTIVE FOR THE PERIOD OF ONE YEAR FROM THE
DATE GIVEN BELOW.

INSURANCE COMPANY: _____
POLICY NUMBER: _____
CHILD'S PHYSICIAN: _____
ADDRESS: _____
PHONE: _____
KNOWN ALLERGIES: _____

PHOTO RELEASE FORM & AGREEMENTS

I GIVE FULL RIGHTS TO MIAMI CUBAN BALLET SCHOOL AND ITS STAFF TO USE PHOTOS
AND VIDEOS OF ME OR MY CHILD TO USE FOR PROMOTIONAL PURPOSES OF MIAMI CUBAN
BALLET SCHOOL ONLY. PHOTOS AND VIDEOS WILL BE USED IN BROCHURES, WEBSITES,
ADVERTISEMENTS, AND OTHER PROMOTIONAL MATERIAL CREATED BY THE STUDIO.
PHOTOS MAY APPEAR WITH OR WITHOUT NAMES IN PRESS RELEASES AND OTHER PRINT
ADVERTISING. I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATED WAIVER
OF LIABILITY, MEDICAL AND PHOTO RELEASES. I HAVE ALSO READ AND UNDERSTAND THE
" MIAMI CUBAN BALLET SCHOOL POLICIES AND INFORMATION". I UNDERSTAND I WILL BE
HELD RESPONSIBLE FOR ALL TUITION, COSTUME PAYMENT, AND LATE FEES AS LISTED.

PARENT'S PRINTED NAME _____

PARENT'S SIGNATURE _____ DATE _____