

147 W. Gray Street Suite 219
Elmira, New York 14901
607-733-2554



Rafael Grigorian's
School of Ballet

317 Vestal Parkway West
Vestal, New York 13850
607-733-2554

rafaelgrigorianschoolofballet.com

rafaelgrigorian@verizon.net

Student Registration Information

Student Name _____ Birthdate _____

Returning ____ New ____ Years of Ballet Instruction ____ Studio Location _____

Other Forms of Dance Studied _____

Address _____

Parent(s) Name(s) _____ Employer _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact _____ Phone _____

Classes for the year (Instructor will assign level)

Class _____ Class _____

Class _____ Class _____

Class _____ Class _____

Class _____ Class _____

Class _____ Class _____

Studio Policies

- A \$50 annual registration fee is due upon enrollment.
- ‡The tuition payment will be determined once the class schedule has been finalized. Payment is due at the first class.
- ‡Tuition bills are not mailed; please see due dates in the school brochure. Please add \$35 to tuition for all payments made after the due date.
- ‡Please make checks payable to Rafael Grigorian's School of Ballet. Returned checks are subject to a \$25 fee.
- ‡Registration and tuition payments are non-refundable.
- ‡There are no refunds for missed classes. Missed lessons must be made up within the semester they are missed and may not be carried over. Classes are rescheduled only upon cancellation by the instructor.
- ‡Students must arrive on time in proper attire in accordance with the dress code for each class level. Ladies must secure their hair in a bun.
- ‡Due to the nature of dance/ballet- some professional physical contact between instructors and students is necessary.
- ‡Students may be photographed and videotaped for promotional purposes.
- ‡The school is not responsible for students once they exit the studio. Please be respectful of shared spaces.
- ‡A minimum of 3 technique classes per week are required to enroll in pointe class.
- ‡The Medical Release Form must be completed before the student may begin classes.
- ‡Please review and acknowledge the COVID-19 statement.
- ‡School announcements are primarily communicated via email- but also please take note of any notifications posted at the Studio or in person

Parent/Guardian Signaturere _____ Date _____

For Office Use Only

Reg Fee _____ Semester 1 _____ Semester 2 _____ Semester 3 _____ Semester 4 _____ Semester 5 _____

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Student Medical Information

Student Name _____ Birthdate _____

Address _____

Parent(s) Name(s) _____ Employer _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact _____ Phone _____

1. Does the student have any known health or learning problems that may limit his/her ability to participate in dance activities? _____ If yes, please explain: _____

2. Does the student wear any special shoes, glasses, contacts, hearing aids, or other aids? _____ If yes, please explain: _____

3. Is the student under a physician's care for any health problems? _____ If yes, please explain: _____

4. Is the student taking any medication? _____ If yes, please explain: _____

5. Physical Handicaps (Please specify injured or missing body parts, weaknesses, etc.) _____

*a. Bones and Joints _____ b. Muscles _____

*c. Organs _____ d. Weight Problem _____

*e. Height _____ f. Weight _____

6. Chronic Ailments: _____ Asthma or other respiratory problem _____ Diabetes or Hypoglycemia
_____ Hemophilia or other bleeding problem _____ Circulatory or other Heart Condition

Other: _____

7. Allergies: _____ Insect Bites _____ Tetnus _____ Other _____

8. Physician Name: _____ Telephone: _____

9. Date of last physical examination: _____ Hospital Preference: _____

WAIVER

A. I hereby acknowledge that any activity involving motion, rotation, or height may cause serious accidental injury, and, with this acknowledgement, assume all risks normal to the activity, thus releasing Rafael Grigorian's School of Ballet/Ballet Theatre from any harm due to injury to my child in connection with this activity.

B. I realize that Rafael Grigorian's School of Ballet/Ballet Theatre specializes in professional ballet instruction and makes no claim to diagnose and/or treat any learning or physiological disabilities. I also acknowledge Rafael Grigorian's School of Ballet/Ballet Theatre has the right to restrict or refuse instruction to any participant with apparent natural, physiological, social, and/or learning disabilities which would hinder the safety of the student and/or fellow students and staff.

C. I understand that some physical contact between the instructor and student is necessary for proper dance technique, instruction, and safety.

D. I understand Rafael Grigorian's School of Ballet/Ballet Theatre makes no promise or prediction regarding the degree of success a student will realize through participation in any of the programs offered.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____