



**Viktor Yeliohin, Director**  
**214 W. Grant Street, Lancaster, PA 17603**

## 2026-2027 Registration

Dancer's Name: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_ Home

Phone: \_\_\_\_\_ (Parent 1 cell) \_\_\_\_\_ (Parent 2 cell) \_\_\_\_\_ Email

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

Dance School: \_\_\_\_\_ Years of Ballet: \_\_\_\_\_

Ballet Level: (circle): Beginner      Intermediate      Advanced      Pointe

**Early Registration \$20.00 until March 9<sup>th</sup>. After March 9<sup>th</sup>, registration fee is \$35.00. Checks made payable to: Viktor Yeliohin, IBA Check # \_\_\_\_\_ Check Date \_\_\_\_\_**  
**Venmo payment to @Viktor-Yeliohin with Student's Name and School Registration as note.**

**All payments made to Viktor Yeliohin International Ballet Academy are non-refundable.**

Please mail registration form and payment to the following address or bring to the studio:

**Viktor Yeliohin**  
**139 Springbrook Court**  
**Lancaster, PA 17603**

Email: [vyballet@gmail.com](mailto:vyballet@gmail.com) Website: <https://www.vyballet.com>

For telephone inquiries, please call (717) 517 - 9837

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student's Signature if 18 Years, or Older)

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## RELEASE FORM

### Dancer's Information:

Parent Name (Printed): \_\_\_\_\_

Dancer's Name \_\_\_\_\_ Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Emergency Contact Person: *Emergency Contact's Names (Names of Parents or Legal Guardians):*

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

**Medical Release:** The undersigned, on behalf of the Dancer and/or him or herself, certifies that the Dancer is in good health and may participate in all activities at **VYIBA**. In case of an emergency requiring medical treatment, and the legal guardian (if the Dancer is under 18 years of age) is not immediately available, the undersigned hereby authorizes Viktor Yeliohin IBA, and/or its employees and/or agents, to obtain medical care and treatment for the Dancer and the undersigned accepts payment responsibility for any such care and treatment.

\_\_\_\_\_  
*Parents' Signature*

\_\_\_\_\_  
*Date*

**Liability Release:** The undersigned, on behalf of the dancer and/or him or herself, gives consent for the dancer to participate in the **VYIBA** performance and all activities associated with **VYIBA** and is aware that dance training and the athletic exercises associated with it may place unusual stress on the body and carry the risk of physical injury that includes, but is not limited to, muscle strains and tears, broken bones, or even death. On behalf of the Dancer and/or him or herself, the undersigned assumes the risk in consideration of the benefits derived from participation in **VYIBA**. Furthermore, on behalf of Dancer and/or him or herself, the undersigned waives all rights, causes of actions, and releases any and all claims by or from the Dancer that may arise against Viktor Yeliohin, Director, Viktor Yeliohin IBA or **VYIBA**, or while in the act of being transported to and from such activities, (including any and all consequential damage claims which the Dancer and/or the undersigned may be entitled to recover from, without regard to the negligence of the parties). The undersigned does hereby agree to indemnify and hold harmless, release and discharge the building owners Viktor Yeliohin IBA, staff, assistants, agents, representatives, instructors, directors and/or owners. Furthermore, the undersigned agrees to provide health insurance for the Dancer or guarantee payment of all medical expenses incurred as a result of **VYIBA** activities.

\_\_\_\_\_  
Parents' Signature

\_\_\_\_\_  
Date

**Media Release:** Photographs and videotape footage of **VYIBA** are sometimes used in Viktor Yeliohin IBA publications, local newspaper, television ads and on Viktor Yeliohin IBA's web page. If the undersigned, on behalf of the Dancer, and/or him or herself, does not wish to have the Dancer appear in such photographs and videotape footage, the undersigned may submit a written request to Viktor Yeliohin IBA. If no written request is received, it is understood that the undersigned, on behalf of the Dancer, and/or him or herself, gives Viktor Yeliohin or Viktor Yeliohin IBA permission to use such photographs and videotape footage of the Dancer for such use.

\_\_\_\_\_  
Parents' Signature

\_\_\_\_\_  
Date

The undersigned has read the above Medical Release, Liability Release, and Media Release and agrees to such Releases and all other regulations, rules, dress codes and requirements of **VYIBA** and Viktor Yeliohin IBA. I acknowledge that all payments to VYIBA are non-refundable.

\_\_\_\_\_  
Parents' Signature  
(or signature of Legal Guardian if the Student is under 18 years of age)

\_\_\_\_\_  
Date

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