



# Washington State Youth Ballet Registration Form

Please check one or both boxes to indicate the correspondence each party would like to receive.

Parent(s) or Guardian Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

All correspondence of dancer's schedule via mail & email

All invoicing of payments required

Name of person responsible for account if different or in addition to the above:

\_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

All correspondence of dancer's schedule via mail & email

All invoicing of payments required



Academic School Attending and Grade Level: \_\_\_\_\_

Students Name		
Birthdate		
Enrolling in the following classes	1	
	2	
	3	
	4	
Tuition Payment		
Registration Fee	Non-Refundable 30.00 + 15.00 per family member	

**Registration fee due with first tuition payment**

Please check one:  Full Term  Trimester  Monthly Payment Plan

Total Due with Registration: \$ \_\_\_\_\_

Payment Method ~ Make checks payable to: Washington State Youth Ballet

Cash  Check # \_\_\_\_\_  
 Credit Card VISA, MasterCard, American Express or Discover  
 additional 3% transaction fee. See fees for full description of payments

Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ VIN #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MEDICAL CONSENT

In the event of injury, I hereby authorize the program officials of the Washington State Youth Ballet to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the Washington State Youth Ballet and all others from all liability in taking such action, including all action which maybe 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.

Signature of Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

## LIABILITY RELEASE

I do hereby agree to release the Washington State Youth Ballet and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injures or property damages that may be sustained as a result of participation in this program.

Signature of Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

I, the undersigned, hereby give Washington State Youth Ballet, its agents, and/or assignees permission to use the photographs, videos or any reproductions of my physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negatives, and copies. I waive the right of prior approval and hereby release Washington State Youth Ballet, its agents, and/or assignees from any and all claims from damage of any and all kinds based on the use of said material.

I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

Signature of Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_