



# Washington State Youth Ballet Registration Form 2024 - 2025

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: \_\_\_\_\_

All correspondence of dancer's schedule via email

All invoicing of payments required

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

\_\_\_\_\_

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

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

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

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

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

All correspondence of dancer's schedule via email

All invoicing of payments required



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

Students Name		
Birthdate		
Enrolling in the following classes		
Tuition Payment		
Registration Fee	Non-Refundable 50 + 25per family member. This covers cleaning and upkeep costs of costumes for all performances.	

### 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 a full description of payments.

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

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

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



## MEDICAL CONSENT

In the event of injury, I 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. I do, at this moment, release the Washington State Youth Ballet and all others from all liability in taking such action, including all actions that may be 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, at this moment, agree to release the Washington State Youth Ballet and all other cooperating agencies, employees, officials, or managers thereof from all liability for damages because of injuries 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, at this moment, give Washington State Youth Ballet, its agents, and 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, titles, and interests I may have in the finished pictures, negatives, and copies. I waive the right of prior approval and, at this moment, release Washington State Youth Ballet, its agents, and assignees from any claims of damage based on the use of said material.

I now warrant that I am a parent or legal guardian of the subject of photography under eighteen years of age and am competent to act on their behalf insofar as the above is concerned.

Signature of Parent/Guardian:

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