

Last name letter



REGISTRATION  
PAID ON

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## 2024-2025 REGISTRATION FORM

### STUDENT/PARENT INFORMATION (please PRINT)

Student's Name	Date of Birth (m/d/year)	Student's Age	
Parent/Guardian Name	Home Phone	Cell or Work Phone (circle one)	
Address	City	State	Zip
School Attended	Grade		
E-mail Address			

### CLASS INFORMATION (please PRINT)

Description	Day	Time	Cost
Description	Day	Time	Cost
Description	Day	Time	Cost
Description	Day	Time	Cost
Registration Fee			\$20.00
TOTAL Cost:			\$

### RELEASE OF LIABILITY

**Photo/Video Consent:** Consent is granted for the student to be photographed or videotaped. These may be used without compensation in a public presentation. The student is free to refuse to be photographed or videotaped for this purpose.

**Injury Release:** It is understood that the risk of physical injury is inherent in dance training. Connecticut Ballet Center strives to reduce that risk through proper training techniques. However, by signing this form, the undersigned is willing to assume those risks and release, hold harmless and indemnify Connecticut Ballet Center, its related entities, agents, employees, officers and representatives from and against any and all claims, demands, actions, judgments which the undersigned, or any other person ever had or may have against Connecticut Ballet Center for any losses, costs and expenses (including attorney's fees) and damages or injuries known or unknown, real or personal, sustained by me or my child while in attendance and/or participating in Connecticut Ballet Center programs. The undersigned also agrees that he or she will not hold Connecticut Ballet Center responsible for the loss or damage of personal property while in attendance and/or participating in any of these programs. This waiver applies ongoingly to my participation in any Connecticut Ballet Center programs on the premises of CBC, or at any of our performance venues.

**Physical Contact:** Dance is an art form that requires teachers to be able to have appropriate physical contact for the purpose of making technical corrections. Consent is granted for such physical contact.

\_\_\_\_\_  
Signature of Student (if more than 18 years of age) or Parent/Guardian

\_\_\_\_\_  
Date

Payment(s): \_\_\_\_\_