

# Ashkenazy CLASSICAL BALLET

## REGISTRATION FORM

Dancer's First & Last name: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Current Academic School: \_\_\_\_\_

Circle which program you're enrolling in for 2019-20:

**ACB Cygnet Level**

**ACB Bluebird Level**

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

City, State, & Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

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

*\$25 yearly registration fee to be included with this form.*

How did you hear about Ashkenazy Classical Ballet?

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Years of Ballet Training: \_\_\_\_\_

Previous School & Instructor/s:

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List any injuries, physical and/or cognitive disabilities, or challenges the dancer experiences:

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I have read and agree to abide by the classroom etiquette and procedures outlined in the ACB PARENT/STUDENT HANDBOOK. I further understand that ballet training is a demanding physical activity that can involve some risk of injury. I agree to not hold Ashkenazy Classical Ballet, LLC liable for any injuries that occur during classes, during rehearsals, or during performances, to the aforementioned dancer.

\_\_\_ Check here if you accept the above terms.

Signature of legal guardian: \_\_\_\_\_

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

*\$25 yearly registration fee to be included with this form.*