

Ashkenazy
CLASSICAL BALLET

REGISTRATION FORM

I. Dancer's first and last name: _____

Age: _____

Birthdate: _____

Grade level: _____

Current academic school: _____

II. Circle which program you're enrolling in for 2020-21, (or circle private lessons):

ACB Cygnet Level

ACB Bluebird Level

Private Lessons

III. Address: _____

City, State, & Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to student: _____

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

IV. How did you hear about Ashkenazy Classical Ballet?

Years of Ballet Training: _____

Previous School & Instructor/s:

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

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 and/or Elesia Chéree Ashkenazy 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.