

International Ballet Academy

Summer Evening Classes 2011
Registration

Student's Name: _____ Age: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent/Guardian Information:

Name(s): _____

Phone(s): _____

Email(s): _____

Emergency Contact phone number: _____

Indicate which classes you would like to register for:

Classes	Day/Time	Tuition	Office Use

Please initial next to each:

_____ **Video/Photo Release:** By initialing, parent/guardian grants IBA the unlimited right to use and/or reproduce photographs/video of his/her child for the promotional use of IBA. By initialing this release, parent/guardian waives any and all present or future compensation rights to the use of the above described material(s).

_____ **Tuition:** is due upon enrollment in summer evening classes. Should you decide to withdraw your child from these classes, written notice to IBA must be received by May 23, 2011.

_____ **Release of liability:** By initializing this form, parent/guardian waives any and all claims against International Ballet Academy and/or staff for any liability including but not limited to personal/bodily injury, death, student property loss or damage occurring during classes, rehearsals, performance or any activity sponsored by IBA. Student participation is voluntary and the parent/guardian acknowledges the risks of potential injury associated with the physical demands of dance training.