

2007 SUMMER REGISTRATION Saint Paul City Ballet School 651-690-1588

PLEASE PRINT

Student's name (last) (first) Age Male Female (circle one) Home Telephone

Student's birthdate Number of years of ballet training Last dance school attended

Parent or Guardian's(s') Full name(s)

Home telephone Direct/Work telephone Cell Phone

E-mail address (please print)

Address / Street City State Zip

Emergency Contact Home telephone Direct/Work telephone

NO refunds will be given except in cases of injury with a written doctor's statement.

I understand and accept the refund policy.

Saint Paul City Ballet does not share the information you give us outside of the organization. Only the Director and Registrar have access to this record. At times it may be necessary for your/your child's teacher to contact you. Your contact information will not be given to the teacher without your permission as indicated below.

I give my permission for my contact information to be given only to my child's teacher.

WAIVER AND RELEASE

I know of no reason why I (or my child) should not participate in the activities of the school. I hereby waive for myself, heirs, issue and assigns all claims of liability against Saint Paul City Ballet and School, its instructors, staff, employees, and assigns.

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____ (If Minor, signature required.)

MEDIA RELEASE

In the event Saint Paul City Ballet and School has any of my participation recorded on film, digital medium and/or video tape for presentation on television, in printed material or elsewhere, I hereby expressly consent to the use by Saint Paul City Ballet and School throughout the world, without limit to time or number of repeat showings or usages of any part of the program in which I participated.

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____ (If Minor, signature required.)

List classes you are registering for:

Class _____ \$ _____

Class _____ \$ _____

Class _____ \$ _____

Make checks payable to : SPCB and mail /deliver to Total \$ _____
1680 Grand Avenue, St. Paul, MN 55105

