

Ballet Society Registration Form-2008/2009

(Please fill out form completely.)

Student Name-(please print) <i>As you would like it to appear in programs.</i>	DOB	Age	Academic School & Grade
1) Student cell #:			
2) Student cell #:			

Mother/Guardian Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father/Guardian Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Billing Address: _____ Zip Code: _____
(city)

Parent Email Address: _____ Student Email Address: _____

Emergency Contact Name: _____ Relationship: _____ Phone Number: _____

If you are a new student enrolling in 2008/09, please state how you heard about Ballet Society: _____

I agree and understand that Ballet Society of Colorado Springs Inc., staff and faculty are not held responsible for any injuries occurring on the premises at any time. In registering with Ballet Society of Colorado Springs Inc., I have read and agree to all studio policies and procedures and agree to abide by said policies and procedures at all times. I agree for photos and/or video footage of my child/myself to be used in BSCS promotion or publicity.

I _____ (Parent/Guardian's Name) give my permission for my child to be treated by the appropriate medical personnel for any illness/accident while at the Ballet Society of Colorado Springs Inc., until such time as I may be contacted.

Insurance Company _____ Policy Number: _____

Physician: _____ Phone Number: _____

Please list any allergies, physical restrictions, injury history, and/or medical emergency information. Continue on separate sheet if needed.

Signature (Parent/Guardian) _____ Date: _____

List Classes Enrolling In	For Office Use Only
Class Titles:	Enrolling Date: _____
Day/Time	1st Student Name: _____
	_____ Hrs x _____ (rate) x _____ (wks) / _____ (# of payments left) = \$ _____
	2nd Student Name: _____
	_____ Hrs x _____ (rate) x _____ (wks) / _____ (# of payments left) = \$ _____
	Sub Total \$ _____
	Family Discount \$ _____
	Regular Tuition Payment \$ _____
	Annual Registration Fee \$ _____
	1st tuition payment: \$ _____
	Check # _____ Cash Receipt # _____

*Please make checks payable to:
Ballet Society of Colorado
Springs, BSCS, or Ballet Society*

MAIL REGISTRATION FORM AND FEES TO:

Ballet Society of Colorado Springs Inc., 4005 Lee Vance View, Suite 100, C.S., CO 80918

Contact us @ 719.272.7078

email: info@danceinthesprings.com

visit our website at www.danceinthesprings.com