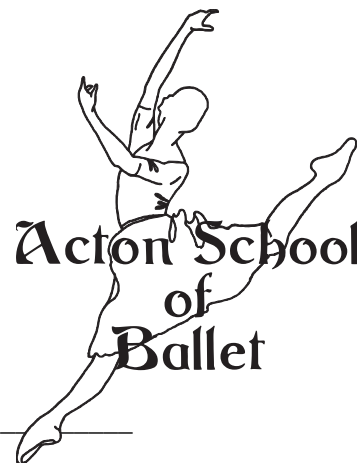


Acton School of Ballet
P.O. Box 796
Acton, MA 01720



2017 July Classic Ballet Stories Student Registration Form

Student Name: _____

Date of Birth: _____

Grade(Fall 2017): _____ Academic school: _____

Contact Parent or Guardian Name: _____

Street Address: _____

Town & Zip Code: _____

Primary Phone: _____ Type: home work mobile

Secondary Phone: _____ Type: home work mobile

Email: _____

Student's Previous Training: ASB Other: _____

Physical/Medical Issues? Yes No If yes, please explain: _____

2nd Emergency Contact: Name _____ phone: _____

Placement in the Acton School of Ballet's Classic Ballet Stories program is based on the order in which the registration form and tuition are received. If we are unable to place a student in an appropriate class, we will refund tuition. Tuition is not refundable under any other circumstances except documented medical excuses.

I am enrolling my child in the:

Week 1
July 17-21

Week 2
July 24-28

_____ Classic Ballet Stories, Tuition : \$150.00 per week

Total tuition due: \$ _____ **Tuition is due in full at time of registration to reserve placement.**

Parent or guardian's signature: _____

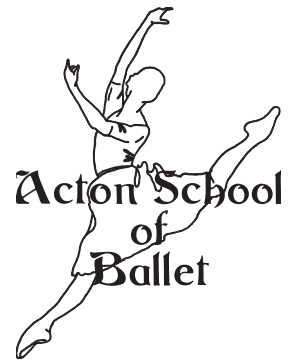
Office Use Only

Registration Date: _____ Amount: _____

Cash

Check # _____

Acton School of Ballet
3 Spruce Street, P.O. Box 796
Acton, MA 01720



Dear Parent or Guardian,

The well-being and education of your child is our foremost concern. Our classes are designed to provide safe, healthy challenges for the developing dancer. Please read the passages below. This form must be signed prior to your child attending any of the ASB 2017 July Dance programs.

Chip Morris, Director, Acton School of Ballet

**Acton School of Ballet 2017 July Classic Ballet Stories
Waiver and Medical Release Form**

"I am aware of the risk of physical injuries associated with dance, including the stresses on the body associated with repetitive exercise and movement. On behalf of my child, I assume these risks, and shall not hold the Acton School of Ballet, its faculty, chaperones or agents liable in any way for any injuries sustained while attending class or a school sponsored activity or performance.

I also assume responsibility for my child's health during the course of this program. I will not allow my child to begin the program with a known injury, and I will notify faculty and the Director if my child's health status changes. I also assume responsibility for providing my child with healthy nutritional choices, to ensure she or he maintains proper energy levels for the physical demands of the program.

I will inform ASB of any relevant medical conditions, including known allergies and other physical limitations which might affect my child's safety or achievement.

I also give my permission for my child to be treated for emergency medical care, if warranted. Every attempt will be made by the school to contact me regarding any such care. I have provided up-to-date medical information about my child, and pertinent contact information."

Parent or Guardian's Signature _____

Parent or Guardian's Name, printed _____

Your Child's Name, printed _____

Date _____