

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



## 2017 July Dance Program 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: \_\_\_\_\_

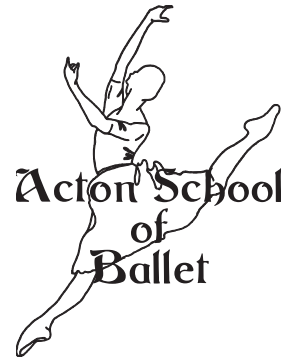
**Placement in the Acton School of Ballet's July Dance Program is based on the order in which the registration form and tuition are received. If we are unable to place a student in an appropriate class, we will refund tuition. Tuition is not refundable under any other circumstances except documented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

I am enrolling my child in the:	Week 1 July 10-14	Week 2 July 17-21	Week 3 July 24-28
_____ Intermediate Division, Tuition : \$325.00 per week	_____	_____	_____
_____ Intro Pointe Class, by invitation only: \$60.00 per week	_____	_____	_____
_____ Advanced Division, Tuition: \$350.00 per week	_____	_____	_____

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

Parent or guardian's signature: \_\_\_\_\_

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 the ASB 2017 July Dance Program.

Chip Morris, Director, Acton School of Ballet

**Acton School of Ballet 2017 July Dance Program  
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 \_\_\_\_\_