



## 2019-2020 REGISTRATION: ZAMUEL BALLET SCHOOL

Student \_\_\_\_\_ Parents \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Pointe

Dance History (schools and years studied): \_\_\_\_\_

I am a new student at ZBS and would like to receive my TWO WEEK FREE TRIAL

I am registering for (circle one):

Program One          Program Two          Program Three          Program Four

Intermediate          Advanced          Adult

I am enclosing: \$ \_\_\_\_\_ registration fee; \$ \_\_\_\_\_ tuition fee

Optional Monthly Automatic Payment:

Type of Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

I understand that the Zamuel Ballet School is not responsible for accidents or injury that may occur on Zamuel Ballet School premises, or during organized rehearsals or performances at theaters or other locations. I also understand that photos and video may be taken of students during Zamuel Ballet School events. I give permission for the above student's likeness to be used in Zamuel Ballet School materials.

Parents and students are NOT authorized to share or publish images or video of other students.

Check payable to: Zamuel Ballet School. We also accept major credit cards.

Please print this form and bring it with you.

Date \_\_\_\_\_ Signature \_\_\_\_\_