

Registration Form

East West Ballet at Dance Co-Op St. Louis

Date _____

Student's Name: First _____ Last _____

Address _____

City _____ State _____ Zip _____

Home # (____) _____ Birthday _____ Age _____ Grade _____

Please list in order of contact preference. List only numbers we may use to contact you.

Parents or Guardians

Last Name _____ First Name _____

Relationship _____

Cell Phone _____ Work No. _____

E-mail _____

Last Name _____ First Name _____

Relationship _____

Cell Phone _____ Work No. _____

E-mail _____

Emergency Contact _____ Phone # _____

(If you would like to provide a contact other than the parents/guardians)

Medical Information

Please list any allergies, medical restrictions, medications, or special medical needs/situations.

Medical Restrictions/Needs/Allergies _____

Class _____ Day _____ Time _____

By signing this form, I assume any and all responsibility for the student, including financial obligations. I also agree that I will not hold East West Ballet School, Dance Co-Op St. Louis or any faculty member liable for any injury sustained or illness contracted by me or my children while a student is enrolled in dance classes. I have read and understood all the studio policies.

Signature _____ Date _____

PHOTOGRAPH / LIKENESS RELEASE:

I authorize East West Ballet School and its staff to use any photograph/likeness of my child for publicity and marketing purposes.

Parent/Guardian Signature

Date