



Westside School of Ballet

2012-2013 Registration Form

Registration Fee \$75 

Full 

Part 

Student Name: _____

Age: _____ Birthdate: ____/____/____

Level: _____

Allergies/medications: _____

Parents Mother: _____

Father: _____

Home #: _____ Cell #: _____

Work #: _____

E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Enrollment:

Class names ie: Pre Ballet 4yrs, Pre Ballet 5yrs, Ballet 1, Ballet 6, Pointe 1A, Variations, etc

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Waiver Release:

*In consideration of **Westside School of Ballet** providing the undersigned with lessons, the parent or guardian of the undersigned acknowledges: Westside School of Ballet does not carry liability insurance for injuries or damages or loss to personal property occurring during the course of said lessons and further agrees that neither **Westside School of Ballet nor its principals, agents, nor employees shall be liable for any injuries to the person or damage to personal property of the undersigned or any other person** whomsoever, occasioned by, directly or indirectly, arising out of any act or omission or alleged act or omission of Westside School of Ballet or its principals, agents or employees in conjunction with the said lessons being so provided, and further hereby waives all rights to bring an action at law or in equity to recover damages to person or property arising out of or in any manner connected with said lessons. I acknowledge receipt of studio policies and procedures.*

Parent or Guardian Signature

Date

Automatic Billing For Tuition Students Only

For your convenience, you may wish to opt for automatic billing.
This simple, non-obligatory method of payment, is a free service enabling **Westside School of Ballet** to charge monthly tuition to your credit card.
If you would like to be charged automatically, please fill out the form below.

Thank you

I, _____,
authorize the **Westside School of Ballet** to charge my credit card for my
child's, _____ tuition rate of \$ _____ until
such time that I decide to cancel this service, whereupon, I will notify
the front desk of my decision.

Visa or Mastercard #

_____ - _____ - _____ - _____

American Express #

_____ - _____ - _____ - _____

Expiration Date

____/____

The undersigned agrees to the terms above.

X _____
Cardholder's Signature Date: