



COLUMBUS YOUTH BALLET

LEE EDWARDS,
OWNER AND DIRECTOR

Registration 2016 – 2017

Application – Please fill in the following information.

Student's Name _____

Parents' Names _____ & _____
(Guardians' Names)

Address _____

City _____ State _____ Zip Code _____

Phone: Student (H) _____ (C) _____

Mother (H) _____ (C) _____

Father (H) _____ (C) _____

E-Mail: Student _____

Mother _____

Father _____

School District Attending (if applicable) _____

Student's Age _____ Date of Birth _____

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I understand and recognize the risk of personal injury inherent in the performing arts, and I am willing to assume the risks. I release Columbus Youth Ballet (CYB): it's owner/director, employees, or agents from and against any and all liabilities, damages, expenses (including legal fees), and/or claims that could arise out of or in any way relate to my child's involvement with CYB. I understand that photos and recordings of participants become the property of CYB and its directors (agents) and may, therefore, be used for future publicity. I grant permission to CYB, and to its agents or employees, to use my child's or my picture or video footage for publicity and marketing purposes.

Parent/Guardian Signature Date

Office Use Only

<u>Class</u>	<u>Day and Time</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Registration Fee: _____ Date Paid: _____

Monthly Fee: _____

Nutcracker Fee: _____ Date Paid: _____

(All paid fees and tuition are non-refundable with the possible exception of an extended medical condition documented by a physician.)