

The Children's Ballet & Movement Co.

Location: 47 East St., Hadley Ma, 01035
Mailing Address: P.O. Box 445, Easthampton Ma, 01027
Contact: (413) 478-1944, cassieferr@gmail.com

Summer Program 2017 Registration Form

Registering For:

- July 10th – July 14th, \$350.00 July 17th – July 21th, \$350.00
 July 24th – July 28th, \$350.00 July 31th – August 4th, \$350.00

Student Name: _____ Age: _____ D.O.B _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Total Tuition \$ _____

Deposit (Non-Refundable) \$ _____

Balance \$ _____

**Checks should be made payable to the Children's Ballet & Movement Co. Please mail your registration form and payment to the Children's Ballet & Movement Co. P.O. Box 445, Easthampton Ma, 01027 or drop off during our studio hours.*

**Refunds will be made at the sole discretion of the Children's Ballet & Movement Co. for extreme medical and humanitarian reasons only.*

Continue on backside----->

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Medical Information:

Please state any known illnesses, injuries and/or allergies (include allergies to medications).

Please list any medications currently being taken.

Doctor: _____ Phone#: _____

Medical Release and Authorization

As legal guardian of the child listed on this form I hereby consent for him/her to participate in classes conducted by the Children's Ballet & Movement Co. Recognizing that any activity involving movement can create the possibility of injury. I will not hold any personnel, officers, agents or instructors liable for any injury that may occur before, during and after class or on the Children's Ballet & Movement Co. premises. I confirm that my child is in good health and I authorize simple first aid if necessary. I also understand that I am fully responsible for the total tuition session I registered for unless my child is unable to participate for medical reasons. In which case I will provide a signed medical notice from his/her doctor.

Parent/Guardian Signature _____ Date _____

Photo/Audio/Video Release Authorization

I hereby irrevocably consent to and authorize the reproduction, publication and/any other use by The Children's Ballet & Movement Co., his/her licensees and assigns, of the photographs/audio/video, in any medium and for any lawful purpose, including illustration, promotions, advertising or web content, without any royalty or compensation to me. I assign to The Children's Ballet & Movement Co. any and all rights of ownership to the photographs/audio/video, the transparencies or digital files thereof, and agree that The Children's Ballet & Movement Co. has full right of lawful disposition in any manner. I waive any right to notice, inspection, or approval of any use of the photographs/audio/video which The Children's Ballet & Movement Co., may make or authorize, and I release The Children's Ballet & Movement Co., and his/her licenses and assigns, from any claim or liability arising from or in connection with The Children's Ballet & Movement Co.'s use of the photographs/audio/video or any alteration, processing or use thereof in composite form, whether intentional or otherwise.

Parent/Guardian Signature _____ Date _____