

**The Children's Ballet & Movement Co.**  
47 East Street | Hadley Ma | 01035  
(413) 478-1944 | www.childrensballetmovement.com

Homeschool Registration Form  
September 10, 2018 - December 14, 2018

**Please Circle One:**

Tuesdays, 1:30-2:30pm, Ages 6-8 \$240.00 (this is a discounted rate)

Thursdays, 1:00-2:00pm, Ages 4-6 \$240.00 (this is a discounted rate)

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Deposit is due at sign up - **NON-REFUNDABLE, No Exceptions \$ 80.00** \_\_\_\_\_

Payment 1 Due Oct. 15 - **NON-REFUNDABLE, No Exceptions \$ 80.00** \_\_\_\_\_

Payment 2 Due Nov. 15 - **NON-REFUNDABLE, No Exceptions \$ 80.00** \_\_\_\_\_

**Please Note:**

- 1. If your payments are not paid in full by the date stated above your child or children will not be able to participate in class or in performances until it has been fully paid.**
- 2. Cash or Checks are preferred forms of payment. Checks should be made payable to "CBM". However, we do accept payments by Debit and Credit Card.**
- 3. You are obligated to pay your full tuition even if your dancer drops mid year. NO EXCEPTIONS.**

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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/Social Media 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, social media 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 licensees 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 \_\_\_\_\_