



Spokane Ballet Studio Summer 2017

\$25 registration fee to be applied to tuition

Registration and Release Form

Student(s) Name _____ Birthdate __/__/__

_____ Birthdate __/__/__

Age _____ Parents Name _____

Address _____

Phone Number /Cell Number _____

Email address _____

Summer Workshop Level(s) _____

I give my permission to seek any emergency medical treatment for my child that might be necessary if you are unable to contact me. I understand that Spokane Ballet Studio, LLC involves physical movement, which may be strenuous, and that such practice carries some risk of injury.

I understand that during classes offered through Spokane Ballet Studio, LLC, the instructor may give hands on correction to facilitate the understanding of ballet.

I understand that Spokane Ballet Studio, LLC is not responsible for my child left unsupervised in the common areas and areas surrounding the ballet studio and that Spokane Ballet Studio, LLC will only be supervising my child when he/she is participating in scheduled classes.

I hereby agree to assume full responsibility for any risk, injuries or damages, known or unknown which the student might incur as a result in participating the classes offered by Spokane Ballet Studio, LLC.

Parent Signature _____ Date _____