

Columbia Ballet School
Anita Ashley, Founder and Artistic Director

132 Gills Creek Parkway
Columbia, SC 29209
803.783.5258

Registration for 2009-2010

Reg fee:
Tuition:
Costume:
Recital:
Start date:
___Peachtree
___Compudance

Student's name:

Last name

First name

Nickname

Parent's names:

Last name

First name mother

First name father

Family email:

**Billing
address:**

Street address

City

Zip code

**Family
telephone
numbers:**

Cell

Home

Work

**Emergency
contact:
(not parents)**

Name:

Cell

Home

Work

Student information

Student's date of birth:

Size of leotard (child or adult):

Student's email:

Student's cell number:

Primary Physician:

Physician's telephone number:

Student's allergies:

Student's health insurance carrier:

Student's school:

Previous dance experience (including studios):

Please list any other relevant information about this student:

Class Assignments (completed by instructor)

Class	Day	Time
1.		
2.		
3.		
4.		
5.		

Please review class assignments and list any additional classes for registration.

1.	3.
2.	4.

Release of liability: As the legal parent or guardian, I release and hold harmless the Columbia Ballet School; the owners of the premises where the dance education classes take place; or any auxiliary staff from any liability in connection with said dance education classes.

Check here to show you have read the above and agree.

Health and insurance: I aver and declare further that I or my child is in good health and can participate in physical activities, namely dance education and exercise classes. My physician, named on this form, is aware of my or my child's participation in these activities and has given his or her permission to participate. Given the nature of any physical education classes, and with the knowledge that injuries might occur, I have taken the necessary steps to obtain accident, health or hospitalization insurance to cover any sustained injury.

Check here to show you have read the above and agree.

Payment information: Tuition is due by the **first day** of every month. **No monthly bill is issued.** If accounts are not paid by the 11th of the month, there will be a \$30 late fee added on all overdue accounts. There is a \$39 fee for all returned checks. **No refunds are given for missed classes.**

Check here to show you have read the above and agree.

Photo release: Photographs may be taken during classes, rehearsals and performances. These photographs are used on the school's website and in promotional materials. Names of children are not used without parental permission. I agree that the student's photograph may be used for this purpose.

Check here to show you have read the above and agree.

By signing here, you agree that you have reviewed the studio schedule and read the policies and procedures policies contained in the Columbia Ballet School handbook. You agree to abide by all these policies for yourself and/or your child.

Signature _____ Date _____