

Columbia Ballet School

Anita Ashley, Founder and Artistic Director

132 Gills Creek Parkway

Columbia, SC 29209

803.783.5258

Registration for Summer 2010

- | |
|---|
| <input type="checkbox"/> I will definitely attend classes.
<input type="checkbox"/> I will definitely attend the following camp: _____
<input type="checkbox"/> I am not certain I will attend the entire summer. |
|---|

Student Name First _____ Last _____

Mother Name First _____ Last _____

Father Name First _____ Last _____

Student's Address _____

City _____ State _____ Zip _____

Student's Cell () _____ - _____ Student's Home () _____ - _____

Mother Work () _____ - _____ Father Work () _____ - _____

E-mail Address (required for billing) : _____

Physician _____ Phone Number () _____ - _____

Class 1 _____ Day _____ Time _____

Class 2 _____ Day _____ Time _____

Class 3 _____ Day _____ Time _____

Class 4 _____ Day _____ Time _____

I would like the following class, which is not offered: _____

I do hereby release 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 the said dance education classes.

I aver and declare further that I/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/my child's participation in these classes and has given his/her permission for me/my child to participate. Given the nature of any physical education, classes, and with the knowledge that injuries sometimes might occur, I have taken the necessary steps to obtain accident, health, or hospitalization insurance which would cover any sustained injury.

- ❖ A \$25.00 late fee may be added on the 11th day of each month on all overdue accounts.
- ❖ Returned Check Fee: \$25.00 will be added to your account for all returned checks.
- ❖ A registration fee of \$35 is required for new students

Signature: _____ Date: _____