



# THE BROOKLINE BALLET SCHOOL, LLC

## Pre-School & Youth REGISTRATION FORM

Please complete and return to The Brookline Ballet School, 1431 Beacon Street, Brookline MA 02446.  
 Completed/signed forms may also be e-mailed to [enrollment@brooklineballet.com](mailto:enrollment@brooklineballet.com) in .pdf format with credit card payment.  
 You can also register on-line at [brooklineballet.com](http://brooklineballet.com) by clicking on the tab "Registration" with payment by credit card.  
 A Waiver of Liability and Medical Proxy form must be completed before the first class.

<b>1 - STUDENT INFORMATION</b>					
Name	First	Last	F <input type="checkbox"/> M <input type="checkbox"/>		
Address	Street	City	State	Zip	
Phone	Home	Cell	E-mail		
Date of Birth	m/d/y	Age	Grade	School	
<b>2 - PARENT/GUARDIAN INFORMATION</b>					
<b>Parent/Guardian 1</b>					
Name	First	Last			
Address	Street	City	State	Zip	
Phone	Home	Cell	E-mail		
<b>Parent/Guardian 2</b>					
Name	First	Last			
Address	Street	City	State	Zip	
Phone	Home	Cell	E-mail		
<b>3 - EMERGENCY CONTACT (in case parents/guardians cannot be reached)</b>					
Name	First	Last			
Phone	Home	Cell			
Relationship to student					
<b>4 - MEDICAL INFORMATION</b>					
Does the student have any medical/physical conditions or other limitations that we should be aware of?					
NO <input type="checkbox"/> YES <input type="checkbox"/> Please explain					
<b>5 - DANCE &amp; EXERCISE CLASSES IN WHICH YOU WISH TO ENROLL YOUR CHILD</b>					
Toddler Yoga (walkers - 3+)	<input type="checkbox"/>	Dance Movement for Child/Parent (1.5-2.5)	<input type="checkbox"/>	KinderGym 1 (2.8-4)	<input type="checkbox"/>
Creative Dance (3-4)	<input type="checkbox"/>	Ants in the Pants; Yoga & Dance (3-4)	<input type="checkbox"/>	KinderGym 2 (4-5)	<input type="checkbox"/>
Modern Dance (8-12)	<input type="checkbox"/>				

## 7 - WAIVER OF LIABILITY

I understand that The Brookline Ballet School, LLC (TBBS) is accepting my child as a student. I realize that there are certain dangers inherent in the art of dancing and fitness activities. I agree to assume the risk of all injuries or damage that may arise from my child's participation in preschool or dance activities at TBBS. I certify that my child is in proper physical condition to take part in dance activities. I/we hereby consent to and authorize the use and reproduction by TBBS of any and all photographs or motion recordings or likenesses of the Child's person or characteristics (Reproductions) for any purpose whatsoever, without compensation to the Child. All Reproductions shall be the property of TBBS and I/we assign the rights to said Reproductions and authorize TBBS or others authorized by them to exhibit, broadcast or distribute said Reproductions in whole or part in any medium, without compensation. In consideration of the above, I hereby release TBBS and its Managers, Members, Director, teachers, employees, agents and staff from and against any liability or claim for any injury, misadventure, harm, loss, cost or damage sustained in connection with my child's participation in TBBS classes and activities. I have read this release and understand its meaning.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 8 - EMERGENCY MEDICAL PROXY (please read carefully, check and sign one)

I understand that, as parent or guardian, I will be contacted if medical attention is required during class time. If I cannot be reached, I hereby authorize an administrator of The Brookline Ballet School to arrange for emergency medical treatment for my child as necessary. I shall indemnify, hold harmless and defend The Brookline Ballet School, its Managers, Members, Directors, teachers, employees, agents and staff, except in cases of willful misconduct or gross negligence on their part, against any and all claims, actions, or suits brought for damages or alleged damages, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property or from loss of life sustained by my child in connection with my child's participation in TBBS classes and activities or otherwise.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Healthplan \_\_\_\_\_ Plan Number \_\_\_\_\_

I do not authorize TBBS to consent to emergency medical treatment for my child. I therefore agree that I or my representative will remain at TBBS during my child's class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 9 - PAYMENT METHODS

### SINGLE PAYMENT at registration

- CASH Only in-person at *The Brookline Ballet School*  
 CHECK Please make your check payable to *The Brookline Ballet School*  
 CREDIT CARD Card type  VISA /  Master Card /  Discover (*AmEx not accepted*)

Cardholder's name \_\_\_\_\_

Card number \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_

## 10 - HOW DID YOU HEAR ABOUT US (friend, walking/driving by, advertisement etc...)

## 11 - SUGGESTIONS (classes you would like us to offer, class times etc...)