



# THE BROOKLINE BALLET SCHOOL

TRINIDAD VIVES Artistic Director

For TBBS use only
Level
Day
Reg. Date
Reg. Fee
Full tuition
1 <sup>st</sup> Inst.
2 <sup>nd</sup> Inst.
3 <sup>rd</sup> Inst. (if applicable)
CC on file

## 2024-2025 REGISTRATION FORM

Please complete both sides and return to:

The Brookline Ballet School, 1431 Beacon Street, Brookline, MA 02446.

Completed/signed forms may also be scanned and emailed to [info@brooklineballet.com](mailto:info@brooklineballet.com) with credit card payment.

**Registration fee: \$30**

### 1 - STUDENT INFORMATION

<b>Name</b>	First	Last	F <input type="checkbox"/>	M <input type="checkbox"/>
<b>Address</b>	Street	City	State	Zip
<b>Phone</b>	Home	Student Cell	Student E-mail	
<b>Date of birth</b>	Grade 24/25		School	

### 2 - PARENT/GUARDIAN INFORMATION

#### Parent/Guardian 1 (primary contact)

<b>Name</b>	First	Last		
<b>Address</b>	Street	City	State	Zip
<b>Phone</b>	Home	Cell	E-mail	

#### Parent/Guardian 2

<b>Name</b>	First	Last		
<b>Address</b>	Street	City	State	Zip
<b>Phone</b>	Home	Cell	E-mail	

### 3 - EMERGENCY CONTACT (in case parents/guardians cannot be reached)

<b>Name</b>	First	Last		
<b>Phone</b>	Home	Cell		

**Relationship to student**

### 4 - MEDICAL INFORMATION

Does the student have any medical/physical conditions or other limitations that we should be aware of?

NO  YES  Please explain

### 5 - PREVIOUS BALLET EXPERIENCE

Current ballet school/level/#hours	Number of years
Previous training	
Summer Intensives	

## 6 – WAIVER OF LIABILITY (please sign)

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. I agree to assume the risk of all injuries or damage that may arise from my child's participation in 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:

## 7 – EMERGENCY MEDICAL PROXY (please select one and sign)

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:

Health plan:

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:

## 8 – TBBS RULES AND POLICIES / HANDBOOK (please sign)

TBBS attendance policies, payment/refund policies as well as other important information is outlined in the handbook. The handbook is available at the front desk and on the TBBS website.

I have read and agree with the terms of the TBBS handbook.

Signature:

Date:

## 9 – PAYMENT OPTIONS (please select one)

**SINGLE PAYMENT** at registration.

Please add the \$30 registration fee to your payment.

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 \_\_\_\_\_ / \_\_\_\_\_ Expiration date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

**INSTALLMENTS (\$30 SERVICE FEE) - A VALID CREDIT CARD ON FILE IS REQUIRED**

The first installment (including \$30 registration fee and \$30 service fee) will be charged automatically at registration, the second installment on December 1, 2024, third installment (for 2 or more classes only) on March 1, 2025.

CREDIT CARD Card type  VISA /  Master Card /  Discover (*AmEx not accepted*)

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

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

## Pre-ballet and YBP Levels 1A, 1B (please complete!)

1<sup>st</sup> Choice day:

2<sup>nd</sup> Choice day: