

Class Registration Form

Please complete and return before attending first lesson. Please fill out form completely and sign. Each student needs to fill out a separate form.

Student Name _____

Birthday _____ age _____

Phone # _____ daytime # _____

E-mail address _____

Bill to _____

Address _____

City _____ State _____ Zip _____

Referred by: _____

Does student have any specific disabilities or special needs the School of Ballet needs to take into consideration? Yes No

If so, please state briefly: _____

Please indicate class days and times the student will attend:

Students must make up any missed lessons in the same semester. Please indicate which class time the student will use as a make-up time.

What class level is the student attending?

- Pre-ballet (half hour lesson)
- Ballet I/ Ballet II (one hour lesson)
- Intermediate (90 minute lesson)
- Advanced (two hour lesson)
- Yoga

How many lessons per week will the student attend?

- one
- two
- three or more

What payment method would you prefer?

- Pay by the lesson
- Purchase a Punch Card
- Enroll for the semester price

Total Tuition Amount Enclosed _____

Tuition can only be refunded if class fails to form due to insufficient numbers.

Please make checks payable to **AVO School of Ballet**

PLEASE READ THE FOLLOWING STUDIO POLICIES CAREFULLY! YOUR SIGNATURE WILL INDICATE ACCEPTANCE OF THESE TERMS.

I understand that the activity of ballet/ yoga training involves some risk of bodily injury and/ or property damage. I agree to hold the AVO School of Ballet and any of its agents free of all liability for any injury or damage resulting from participation in any dance, yoga, or related activities at the School of Ballet.

I promise to demonstrate respect for the teacher and the other students in my class at all times.

Photo Release

I hereby authorize AVO Ballet permission to use my likeness in a photograph on any and all of its publications. This includes but is not limited to all AVO Ballet's printed and digital publications for purposes of publicizing AVO programs or for any other related, lawful purpose.

I acknowledge that since my participation with AVO is voluntary, I will receive no financial compensation.

I have read and understood the above provisions and agree to be bound thereby.

Student signature

Parent/ guardian (if student is a minor)