



Class Registration Form

Please indicate below which class(es) student will attend:

Cheviot Schedule

Monday

- 6:00 – 7:00pm
Pre-Ballet/Ballet I Madeline
- 7:00 – 8:00pm
Ballet II Madeline

Wednesday

- 7:30 – 8:30pm
Gentle Yoga Laura

Thursday

- 6:30 – 8:30pm
Intermediate/Advanced Jonnie-Lynn

Saturday

- 7:45 – 8:45am
Vinyasa Yoga Laura
- 9:00 – 11:00am
Master Class (Int/Adv Level)
4 Dates: June 12, 26, July 10, 24
Thomas

AVO Class Registration Form

Please fill out form completely, sign at bottom, and include payment before attending first lesson. Each student needs a separate form. *Please make checks payable to AVO School of Ballet.*

Student Name: _____

Birthday: _____ Age: _____

Cell Phone: _____ Alternate #: _____

Email: _____

Parent / Guardian Name: _____

Address _____

City _____ State _____ Zip _____

Referred by: _____

Does student have any specific disabilities or special need the School of Ballet needs to take into consideration? Yes No If so, please state briefly:

Please read the following studio policies carefully! Your signature indicates 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 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.
- By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the AVO School of Ballet and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at AVO may result from the actions, omissions, or negligence of myself and others, including, but not limited to, AVO employees, volunteers, and program participants and their families.

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

Student Signature

Parent / Guardian (if student is a minor)