

BALLET VIRGINIA INTERNATIONAL

REGISTRATION FORM

Student's Name	Birth Date	Age	Grade
Address			
City	State	Zip	
Phone (home)	Phone (Cell)		
Mother's Name	Phone (work)		
Father's Name	Phone (work)		
Emergency Contact	Phone		

E-mail: _____

Office Use _____ Registration fee: \$25.00 new students or \$10.00 returning students

Children's Program 21st St., class/level: _____ Tuition Payment: _____

Children's Program Va. Beach, class/level: _____ Tuition Payment: _____

Community Program, class/level: _____ Tuition Payment: _____

Professional Program, class/level: _____ Tuition Payment: _____

My check or money order is enclosed for entire session amount totaling: _____

My check or money order is enclosed for amount per month totaling: _____

I wish to charge my: Mastercard Visa

*\$2.00 processing fee will be charged

Card # _____ Signature of card holder _____

Medical Release

I understand that Ballet Virginia will not be held responsible for any bodily injuries sustained while on the premises, or for loss or damage to any personal items brought on the premises by students or their families. In the event of an emergency, I hereby give authority to Ballet Virginia to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Parent Signature _____ Date _____

Ballet Virginia has the right to remove any student from class and/or student presentation if account payment arrangements are not kept. I have read and agree to adhere to all Ballet Virginia's policies.

Dancer's Signature _____

Parent/Guardian Signature _____