



Student's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian's Name: _____ Emergency #: _____

Email: _____ How did you hear about us? _____

You will be notified of upcoming events and information via text and email. Please be sure to check your email regularly to stay informed. Which phone number may we send these notifications to? _____

Please list any health concerns, medications, allergies etc: _____

- I authorize emergency first aid care, to the above named student, by Ballet Rockland, or its agents and representatives in the event he/she becomes injured or ill during instructional programs or other activities either on or off premises.
- I agree to be responsible for and hold harmless Rebecca Tew, Ballet Rockland or and instructors hired by her from any claim for injury or medical expenses resulting from the students participation in dance class or other activities under his/her supervision, on and off premisses.
- I grant permission for any photo/images/videos of the student above, without any other personal identifiers to be published as advertisement, on Ballet Rockland's behalf, in a safe and tasteful manner, carefully selected by Rebecca Tew and employees of Ballet Rockland.
- I understand that **tuition is not refundable under any circumstances.**
- I I have read completely, understood fully, and agree to all of the Ballet Rockland financial and other policies.
- I understand this waiver does not expire.

Student/ Guardian _____ Date _____