

VALERIE HOLGERS'

Academie de Ballet CLASSIQUE

Registration & Authorization Form Fall 2010

Student's Name: _____ Age: _____ M F DOB under 21 _____

Parent/Guardian: _____ Cell Phone: _____

Parent _____ Cell Phone: _____

Address: _____ Home phone: _____

City _____ Zip code _____ Emergency Contact: _____ # _____

EMAIL ADDRESS (WE DO NOT SHARE!) _____

Class(es) Please list class number, title, days in the boxes below

Class No	Class Title - See FALL Schedule for times, dates & description	Days & times	Monthly Tuition Due in advance	Paid ck/ cash
Total Monthly Tuition				

Office use only. Registered date: _____ Registration fee \$25/\$40 _____ Tuition _____
Paid cash/check # _____
mail to: Valerie Holgers' Academie de Ballet Classique; 162 NW Greenwood Avenue,
Bend, OR 97701

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PERMISSION STATEMENT: The above named person has my permission to attend Valerie Holgers' Academie de Ballet Classique (ABC Bend) classes. I confirm that this person is in good health and I know of no reason why he or she is not able to participate in this form of artistic exercise. I am aware that dancing is a high impact form of exercise and that ABC Bend will not be held responsible for and loss, damage or injury associated with participation in classes or events. I hereby give my permission to ABC Bend to call the above named person and /or doctor for treatment in the event of an emergency. I further agree not to hold any ABC Bend officer or staff members, responsible for any illness, accident or injury which might occur while in class or on ABC Bend premises. I hereby verify that I fully understand and accept the above statement.

I agree that ABC Bend may use, reproduce and distribute participant's likeness for marketing purposes.
DO NOT USE ____ Please initial

I have read and understand the above informed consent release, tuition fees and terms of payment. I also understand that there are no adjustments for missed classes. I accept these fees and terms accordingly.

Parent/Guardian Signature _____ Date _____

Office use only. Registered date: _____ Registration fee \$25/\$40 _____ Tuition _____ Paid cash/check # _____ mail to: Valerie Holgers' Academie de Ballet Classique; 162 NW Greenwood Avenue, Bend, OR 97701
