

Student ID: _____

Parent ID: _____

BOSTON BALLET SCHOOL

PRE-REGISTRATION FORM

STUDENT/ PARENT INFORMATION

Student's Name: (First) _____ (Last) _____

Birth Date: ____/____/____ Age: _____ Height: _____ Male Female

Does the student have any pre-existing allergies or medical concerns that we should be aware of? _____

Parent/ Guardian #1: _____
Mr., Mrs., Ms. (circle one)

Parent/ Guardian #2: _____
Mr., Mrs., Ms. (circle one)

Street Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Email: _____

MOST RECENT BALLET TRAINING

Name of Current Ballet School: _____ City & State of School: _____

Name of Primary Teacher: _____ Year in Attendance: _____

Of ballet classes currently attended per week: _____ Avg. length of ballet class: _____

Current level: _____ Years on pointe: _____

Other related training: _____
(summer programs, modern, jazz, character or other previous ballet training)

Which Boston Ballet School Programs have you attended?

None SDP Summer Dance Workshop Master Class Series Other: _____

How did you hear about Boston Ballet school?

Web Word of Mouth Former Student Ad YMCA Other: _____

CLASSICAL BALLET PROGRAM PLACEMENT CLASS

Please select the studio location you will be attending for the placement class.
All completed forms can be mailed to: Boston Ballet School, PO Box 600349, Newtonville, MA 02460

Saturday, May 10, 2014
Ages 9 and up: 2:00-3:30pm
Newton Studio
863 Washington Street
Newton, MA 02460

Saturday, June 7, 2014
Ages 9-13: 9:00-10:30am
Ages 14 and up: 12:00-1:30pm
North Shore Studio
40 Leggs Hill Road
Marblehead, MA 01945

Please enclose \$30 placement fee with check or money order payable to Boston Ballet School.

WAIVER OF INDEMNITY: I shall indemnify, hold harmless and defend Boston Ballet, its officers, boards, agents, servants and employees, except in cases of willful negligence or misconduct on this part against any and all claims, actions, or suits brought for damages or alleged damages, and from all liability, loss, and expense, including reasonable legal expenses, resulting from any injury to person or property or from loss of life sustained by my child while my child is participating on Boston Ballet premises.

Signature of Parent/Guardian (Student must be over 18yrs of age if signing)

Date

FOR OFFICE USE ONLY:	R'CV'D:	ENTR'D:	SC#:	REGISTRATION MATERIALS: MAILED CSI HANDED OUT PICKED UP
COLLECT \$30 FEE: CASH	CHECK # _____	CREDIT CARD	PROCESSED FEE: DATE _____	INITIALS: _____