

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 BALLETT TRAINING

NAME OF CURRENT BALLETT SCHOOL: _____ CITY & STATE OF SCHOOL: _____

NAME OF PRIMARY TEACHER: _____ YEAR IN ATTENDANCE: _____

OF BALLETT CLASSES CURRENTLY ATTENDED PER WEEK: _____ AVG. LENGTH OF BALLETT CLASS: _____

CURRENT LEVEL: _____ YEARS ON POINTE: _____

OTHER RELATED TRAINING: _____
(SUMMER PROGRAMS, MODERN, JAZZ, CHARACTER OR OTHER PREVIOUS BALLETT TRAINING)

WHICH BOSTON BALLETT SCHOOL PROGRAMS HAVE YOU ATTENDED?
 NONE SDP SUMMER DANCE WORKSHOP MASTER CLASS SERIES OTHER: _____

HOW DID YOU HEAR ABOUT BOSTON BALLETT SCHOOL?
 WEB WORD OF MOUTH FORMER STUDENT AD YMCA OTHER: _____

PRE-PROFESSIONAL PROGRAM AUDITIONS

PLEASE SELECT THE AUDITION DATE YOU WILL ATTEND.
MAIL COMPLETED FORMS TO: BOSTON BALLETT SCHOOL, 19 CLARENDON STREET, BOSTON, MA 02116

BOSTON BALLETT SCHOOL • 19 CLARENDON STREET, BOSTON • 617.456.6298
STUDENTS MUST ARRIVE AT CHECK-IN TIME LISTED BELOW.

SATURDAY, FEBRUARY 22, 2014
CHECK-IN: 12:30-1:00 PM
AUDITION BEGINS AT 1:00 PM
AGES 13-19

SATURDAY, MAY 17, 2014
CHECK-IN: 4:30-5:00 PM
AUDITION BEGINS AT 5:00 PM
AGES 13-19

PLEASE ENCLOSE \$30 AUDITION FEE WITH CHECK OR MONEY ORDER PAYABLE TO BOSTON BALLETT 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 BALLETT PREMISES.

SIGNATURE OF PARENT/GUARDIAN (STUDENT MUST BE OVER 18 YRS OF AGE IF SIGNING) _____ DATE _____

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