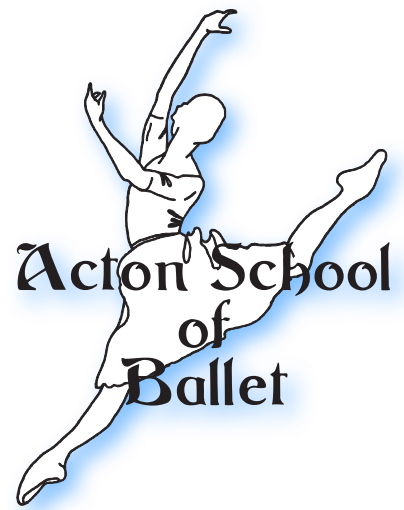


Acton School of Ballet
3 Spruce Street. P.O. Box 796
Acton, MA 01720



New Student Registration Form

Registration Date: _____

Student Name: _____

Date of Birth: _____

Current Academic School: _____ Grade (Fall 10): _____

Contact Parent(s) Name(s): _____

Other Parent/Family Member name: _____

Street Address: _____

Town & Zip Code: _____

Primary Phone: _____ Type: home work mobile

Secondary Phone: _____ Type: home work mobile

Email: _____

Student's Previous Training: _____

Physical/Medical Issues? Yes No (use back of page, if necessary) _____

Please indicate how you became aware of our school:

Newspaper Web site Personal referral Phone book/yellow pages?

Placement in the Acton School of Ballet is based on the order in which the registration form and tuition are received. If we are unable to place a student in an appropriate class, tuition will be refunded. **Tuition is not refundable** under any other circumstances *except* documented medical excuses. Full tuition must accompany registration form.

Class	Teacher	Days	Classes/Week	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
		Total:	_____	Tuition:\$ _____

Please read and sign the release form on the back of this page.

Dear Parent or Guardian,

The well-being and education of your child are our foremost concerns. Our classes are designed to provide safe, healthy challenges for the developing dancer. Please read the passages below. This form must be signed prior to your child attending the Acton School of Ballet.

Chip Morris, Director, Acton School of Ballet

Acton School of Ballet Liability Waiver and Medical Release Form

“I am aware of the risk of physical injuries associated with dance, including the stresses on the body associated with repetitive exercise and movement. On behalf of my child, I assume these risks, and shall not hold the Acton School of Ballet, its faculty, chaperones or agents liable in any way for any injuries sustained while attending class or a school sponsored activity or performance from September 1, 2010 through August 31, 2011.

I also assume responsibility for my child’s health during the course of this program. I will not allow my child to begin the program with a known injury, and I will notify faculty and the Director if my child’s health status changes. I also assume responsibility for providing my child with healthy nutritional choices, to ensure she or he maintains proper energy levels for the physical demands of the program.

I will inform ASB of any relevant medical conditions, including known allergies and other physical limitations which might affect my child’s safety or achievement. I have noted any medical conditions, allergies or limitations on my child’s registration form.

I also give my permission for my child to be treated for emergency medical care, if warranted. Every attempt will be made by the school to contact me regarding any such care. I have provided up-to-date medical information about my child, and pertinent contact information.”

Parent or Guardian’s Signature _____

Parent or Guardian’s Name, printed _____

Your Child’s Name, printed _____

Date _____