

Individual Class Registration Form



Name

Address

City

State

Zip

Phone

Email Address (Please Print)

IF DANCER IS UNDER 18 PARENT/GUARDIAN FILL OUT THIS SECTION

Student's DOB

Parent/Guardian Phone Number

Parent /Guardian Full Name(s)

Any medical issues we should be aware of?

Photo Release

- Central Midwest Ballet Inc., may, from time to time, take video and/or photographs. We may use these photographs for publicity purposes such as but not limited to: the website, Facebook, and news releases.
- We respect our families' privacy. If you have any special circumstances please feel free to bring these to the attention of the office.

By signing below, I acknowledge that I have read, understand, and agree to the above information:

Signature (Parent/Guardian if applicable)

Date

Liability

Central Midwest Ballet Inc. is not responsible for any injury while participating in any program sponsored by CMB. I release and indemnify CMB from any claim, damage or suit whatsoever which may arise from personal injury or property damage suffered while at Central Midwest Ballet Inc.

By signing below I acknowledge that I have read, understand, and agree to the above information:

Signature (Parent/Guardian if applicable)

Date