

## REGISTRATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ EXPERIENCE \_\_\_\_\_

NAME OF DANCE GROUP/CHOIR \_\_\_\_\_

CLASS(ES) REQUESTED \_\_\_\_\_ FEE: \_\_\_\_\_

MAKE CHECKS PAYABLE TO "BALLET WESTERN RESERVE"

MAIL TO: BWR , 218 W BOARDMAN ST., YOUNGSTOWN, OH 44503-1201

TO PAY BY CREDIT CARD: CALL 330-744- 744-1934

### **EMERGENCY INFORMATION**

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Are there any medical conditions that we should be aware of? *(Please list any allergies or medications)*

\_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

## LIABILITY WAIVER AND ACKNOWLEDGMENT OF RISK

*Registration is incomplete without signature and must be completed before class*

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of classes, rehearsals, performances, or activities for which I am registering. I also exempt, release, and indemnify Ballet Western Reserve, Mazowsze, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Ballet Western Reserve or Mazowsze. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Ballet Western Reserve, Mazowsze, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted to use photographs of students for publicity purposes.

I have read, understood and agree to be bound by the above statement

**Please print your name, sign & date:**

PRINTED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

If under 18, parents or legal guardian must sign

FOR: \_\_\_\_\_

Name of Student

DATED: \_\_\_\_\_