

Sebastopol Ballet School Registration Form

First Name Last Name
(Parents, if minor)

Address City Resident? Yes No

Home Phone Work Phone

Emergency Contact Phone

Dancer's Name	Age	Birth Date (Month/Day/Year)	Sex

Level	Dancer's Name	Day	Time	Fee

Classes Per Week		Total Fees	
		Amount Enclosed	

Liability Release

The undersigned, in consideration of participation of this activity, agrees to indemnify and hold the Sebastopol Community Center (SCC) and the City of Sebastopol harmless and release SCC, Sebastopol Ballet School, and City of Sebastopol, its officers, employees, and agents from any and all liability for any injury arising out of, or in any way connected with, participation in the activity. I understand that the SCC does not provide medical insurance.

Signature

Parental Consent

(To be completed if applicant is under the age of 18)

I give consent for my son/daughter to participate in the above activity, and I execute the above liability release on his/her behalf. I also agree to be financially responsible for any damage my child may willfully cause during this activity.

Signature

Make checks payable to: **Sebastopol Ballet School**