



Bluegrass Youth Ballet

2009-2010 Enrollment Form

Which class are you enrolling for (Include level, day and time)? _____

(If adult student, only answer 1, 5, 6, 7, 9, 10, 11, 17, 18, 19 and sign)

1. Student's Name: _____

2. Age: _____ 3. Date Of Birth: _____ 4. School Grade: _____

5. Home Address: _____

6. City: _____, KY 7. Zip Code: _____

8. School attending: _____

9. Home Phone #: _____ 10. Cell #: _____

11. Mother's/Student's e-mail address: _____

12. Father's e-mail address: _____

(Your e-mail address will be used for BYB communicative purposes only. Please submit your current address.)

13. Mother's Name: _____

14. Mother's Employer: _____ Phone #: _____

15. Father's Name: _____

16. Father's Employer: _____ Phone #: _____

17. Training: _____

18. Medical conditions: _____

19. How did you hear about BYB? _____

Waiver of Liability: I, the undersigned unconditionally release and discharge Bluegrass Youth Ballet, inc. and its faculty and staff, employees, directors and volunteers from any and all liability arising from, related to, or connected with any injury, illness or damage caused by, resulting from, or sustained in the course of my participation in classes, performances or other activities conducted by or associated with Bluegrass Youth Ballet, inc. I hereby attest that this Waiver of Liability is provided voluntarily and shall be fully binding upon my heirs, next-of-kin, executor, administrator and/or personal representative.

I have read and understood the BYB rules and policies (www.bluegrassyouthballet.com)

Periodically, BYB and other photographers take photos of students for promotional materials. Please check below your preference for the above named student regarding photographs.

____ **YES**, I give permission for the above named student to be photographed.

____ **NO**, I do not give permission for the above named student to be photographed.

Parent's signature: _____ Date: _____

Student's signature: _____ Date: _____

Don't write in this box
Level: _____
Registration paid: _____
Date: _____