



# Bluegrass Youth Ballet

## 2011-2012 Enrollment Form

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

(If adult student, only answer 1, 5, 6, 7, 9, 18, 19, 20 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. Parent Cell #: \_\_\_\_\_ 11. Student Cell#: \_\_\_\_\_

12. Mother's/Student's e-mail address: \_\_\_\_\_

13. Father's e-mail address: \_\_\_\_\_

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

14. Mother's Name: \_\_\_\_\_

15. Mother's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

16. Father's Name: \_\_\_\_\_

17. Father's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

18. Training: \_\_\_\_\_

19. Medical conditions: \_\_\_\_\_

20. 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 on the back of this form. Also posted on our website. ([www.bluegrassyouthballet.com](http://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: _____