



Ballet Wolcott Registration Form

Student's Name _____ Age _____ Birthdate _____

Parent's or Guardian's Name _____

Mailing Address _____ Town _____ State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent's E-mail _____ Student's E-mail _____

Emergency Contact-Name, Home/Cell Phone _____

Interested in volunteering? yes no Please specify _____

Please list any medical conditions your child has, that you feel his/her teacher should be aware of:

I am aware that ballet and other forms of dance may cause physical stress and injury to the body; and, on behalf of myself and my child, I assume the risk and agree not to hold Ballet Wolcott liable in any way. I have read and understand the terms and conditions of Ballet Wolcott policies and payment plan and agree to abide by them.

Signature _____ Date _____

Please write in: name of class/workshop/camp day/time tuition

1. _____

2. _____

3. _____

4. _____

5. _____

Total Tuition _____

I am enclosing a check along with this registration in the amount of \$ _____

I hereby give permission to Ballet Wolcott to photograph and/or video tape my child during classes, rehearsals and/or performances and parades for school promotional use:

Signature _____ Date _____

Please mail registration to: Ballet Wolcott, PO Box 151, Wolcott, VT 05680