

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 email _____ Student's email _____

Emergency contact-Name, Home/CellPhone _____

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

I am aware that ballet and other forms of dance may cause physical stress or injury to the body; current covid 19 issues included; 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 _____

Write In: name of class/workshop/	day/time	tuition
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Total Tuition _____

I am enclosing payment along with this registration form \$ _____

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

Signature _____ Date _____

Please mail registration to: Ballet Wolcott, P.O. Box 151, Wolcott, VT 05680