

Patuxent Youth Ballet

10400 Shaker Drive ♦ Suite 5 ♦ Atholton Shopping Center ♦ Columbia ♦ MD ♦ 21044

Student Registration Form

(Please complete a Registration Form for each student)

Registrations are complete when the student, or a minor student's parent/guardian, has reviewed the Schedule of Classes, Dress Code and tuition payment requirements; and have completely paid the applicable tuition for the student(s). All other arrangements must be made in advance, and are subject to final approval by the Director. PYB reserves the right to refuse or revoke a student's registration **at any time** when the registration is not in the best interests of PYB or other students (such as disruptive behavior or inability to meet the published Dress Code or tuition payment requirements). There are no exceptions without previous approval from the Director.

Student's Name* _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Parent or Guardian's Name _____

*If student has a different last name, please be sure to note it on all your checks in the memo section to avoid confusion, and to ensure that payments are properly credited.

Home Phone Number() _____ Email Address _____

Work Phone Number () _____ Circle One: Father or Mother

Emergency Number () _____ Cell Number () _____ Father or Mother

Previous Dance Experience: _____

Classes

Classes Requested** Day _____ Class _____

Day _____ Class _____

Day _____ Class _____

Day _____ Class _____

Registration Fee \$ _____

Total Session Tuition \$ _____

Total Due \$ _____

Please make checks payable to **Patuxent Youth Ballet** or **PYB**.

Only Checks and Cash will be accepted. No credit cards.

(Returned checks are subject to a \$15.00 processing fee and any applicable late charges.)

One waiver for EACH student **MUST** be signed before students may attend any class.

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to aforementioned person participating in Patuxent Youth Ballet's programs. I recognize the potential for injuries which may occur in any activity involving motion. I understand that it is the express intent of Patuxent Youth Ballet to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release Patuxent Youth Ballet or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible further medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Patuxent Youth Ballet. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature

Date