



2009/2010 REGISTRATION FORM

STUDENT INFORMATION

DATE \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Ethnicity \_\_\_\_\_ Student Cell # \_\_\_\_\_ Student E-mail \_\_\_\_\_

(Please help us secure a grant by providing this information. BRT gives every student equal opportunity and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.)

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Secondary Parent or Guardian \_\_\_\_\_

Address (if different than above) \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

CLASS INFORMATION

<u>Class</u>	<u>Day</u>	<u>Time</u>	<u>Class</u>	<u>Day</u>	<u>Time</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Weekly Classes \_\_\_\_\_  
 Monthly Tuition \$ \_\_\_\_\_  
 With 10% Discount \$ \_\_\_\_\_  
 Today's Tuition \$ \_\_\_\_\_

Annual Registration Fee \$15.00 (per family)  
 Total Due \$ \_\_\_\_\_  
 Paid \$ \_\_\_\_\_  
 Balance \$ \_\_\_\_\_

Injury/Waiver of Liability/Authorization

I understand that participation in dance classes, rehearsals, and performances, and traveling to and from these activities, with or without supervision, may give rise to personal injury. I do hereby voluntarily participate in said activities with that knowledge and I agree to accept all risks arising therefrom. I release and hold harmless Ballet Repertory Theatre of New Mexico from any and all actions, damages, claims, or demands that I may have against BRT, its officers, directors, members, and/or persons employed or engaged by the company from all liabilities, known or unknown, in the event of an accident, including but not limited to bodily injury, personal injuries, and loss or damage to property. I accept responsibility for obtaining appropriate accident, health, and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or other medical emergency, I authorize Ballet Repertory Theatre of New Mexico to seek medical assistance and agree to be responsible for medical expenses incurred on behalf of the student.

On the above line, please list any disabilities, restrictions, or illnesses that might require medical attention.

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I have read the above and the accompanying payment policy, and I agree to them.

Guardian's Signature

Student's Signature