



**The School of Boca Ballet Theatre
2018-2019 School Term
Student Registration Form**

**7630 NW 6th Avenue
Boca Raton, FL 33487**

**561-995-0709
www.bocaballet.org**

Student's Name: _____ Home Phone: _____

Birth Date: ____/____/____ Age: _____ Grade in School: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's E-mail Address(s): _____

Mother's Name: _____ Cell Phone: _____

Mother's Employer: _____

Father's Name: _____ Cell Phone: _____

Father's Employer: _____

Boca Ballet Theatre is a non-profit, 501(c)3 organization. We rely on the community for support. May we contact your employer? ____Yes ____No

In Case of Emergency Please Contact (if Parent(s)/Guardian(s) not available):

Name: _____ Phone: _____

Physician: _____ Dr. Phone: _____

Hospital of Preference: _____

Waiver of Liability/Agreement to Pay/Media Release

The below-signed agrees to pay the total tuition for the semester (based upon hours per week) and understands that **all fees are non-refundable and non-transferable, regardless of attendance.** Registration for Spring term will automatically be renewed, unless written notification is received 30 days prior to end of Fall term; however, you must re-submit payment or credit card information no later than the first day of Spring term We do not keep credit cards numbers on file. I, the below signed, hereby hold harmless Boca Ballet Theatre Company or any agent thereof, for any illness or injury due to participation in any class, performance or other activity associated with Boca Ballet Theatre Company. In addition, I give permission for photographs or television footage which may include my child for any media publication concerning Boca Ballet Theatre. I hereby certify that I have received, understand and agree to The School of Boca Ballet Theatre Studio Policies/Regulations.

Signature: _____ Date: _____

(Parent/Guardian if minor)

FOR OFFICE USE ONLY: AMT PD _____ DATE _____ TYPE _____