

Student's First Name:		Last Name:	
Student's Birth Date:		Email:	
Student's Mailing Address:			
Parent/Guardian #1			
Home Phone:		Work:	
Emergency Phone:		Email:	
Parent/Guardian #2			
Home Phone:		Work:	
Emergency Phone:		Email:	

Liability Release

I hereby give my consent for my child/self to participate in classes and activities at Lebanon Ballet School (LBS). I am fully aware and appreciate the risk and damages that might occur as a result of participating in LBS classes and activities. I have been assured that all pre-cautions will be taken to ensure my/my child's safety.

I hereby waiver and release any and all rights or claims for any damages my child/self may have against LBS, its staff, employees, teachers and agents for any and all injuries sustained or suffered by my child/self at any LBS class or activity. I do hereby verify that I fully understand

and accept the preceding conditions for permitting my child/self to participate in any LBS class or activity.

Medical Release

I understand that it is my responsibility to provide all medical insurance coverage. That I must inform LBS of any medical condition that is present or may occur and may affect my child/self training while enrolled at LBS. In the event I cannot be reached, I hereby give my permission to the staff of LBS to authorize any emergency medical care that may be required by the above student during my child/self participation in classes, performances, or any related LBS event. This authorization extends through the current

year or until my child/self is no longer enrolled at LBS, whichever comes first.

I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Publicity Release

I hereby authorize LBS to record my child/self pictures, photographs, films and DVDs, to edit these recordings at its discretion and to incorporate these recordings for LBS to use for publicity including advertising and sales promotion.

I acknowledge that no promises of compensation have been made by LBS for such use.

I have read, understand and agree to the Liability Release, Medical Release and Publicity Release.

Parents' Signature _____ Date _____

Open Classes: 6/8-7/10 & 7/27-8/7: <input type="checkbox"/> 10 Class Card for \$95 or <input type="checkbox"/> \$12 per class							
Summer Intensives: <input type="checkbox"/> Session 1: June 22-26 <input type="checkbox"/> Session 2: August 10-14 <input type="checkbox"/> Session 3: August 17-21							
Intermediate (Ages 8-10 with two years of ballet)				Advanced (Ages 11 & up with three years of ballet)			
Number of Sessions Selected	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Number of Sessions Selected	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Paid in Full on/before 6/15	\$375	\$710	\$1,010	Paid in Full on/before 6/15	\$425	\$805	\$1,145
Paid in Full after 6/15	\$375	\$750	\$1,125	Paid in Full after 6/15	\$425	\$850	\$1,275

PAYMENT INFORMATION

There are no refunds due to absence, withdrawal or expulsion. Tuition is non-transferrable. Payment in full must accompany this form.

Please check one: Check VISA MasterCard TOTAL AMOUNT DUE: \$ _____

Credit Card Number _____ Expiration Date ____/____

Name on Card _____ Signature _____

Billing Address _____

City _____ State _____ Zip _____ Phone _____