



Please check one: Barre Fit <input type="checkbox"/>
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**MDSB 2018-2019 Registration Form – ADULT PROGRAM**

<b>Student Name</b>		<b>Gender</b>	
<b>Date of Birth</b>		<b>Age</b>	
<b>Street Address</b>			
<b>City</b>		<b>Zip Code</b>	
<b>Academic School</b>		<b>Grade</b>	

	<b>Mother and/or Guardian</b>	<b>Father and/or Guardian</b>
<b>Name</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Work Phone (s)</b>		
<b>Email Address (s)</b>		

<b>Emergency Contact Information</b>	
<b>Name</b>	
<b>Relationship to Student</b>	
<b>Phone</b>	

<b>Medical History Information</b>
<b>Please list any know medical problems, allergies, or medications being taken:</b>
<b>Family Physician:</b>
<b>Physician's Phone:</b>

<b>Dance Training History</b>	
<b>Ballet Technique</b>	<b>Years:</b>
<b>Ballet Pointe</b>	<b>Years:</b>
<b>Previous Dance Schools</b>	
<b>How did you hear about us?</b>	

***Waiver of Liability:***

I agree that I will not hold the Mount Dora School of Ballet or any faculty member or employee liable for injuries sustained or illnesses contacted by my child while a student at the Mount Dora School of Ballet. If medical attention is required during class time, I understand that I will be contacted immediately. If I cannot be reached, I give my permission for an administrator of the Mount Dora School of Ballet to authorize treatment.

***Photo Release:***

I grant Mount Dora School of Ballet the right to take photographs of the above named student. I grant Mount Dora School of Ballet the permission to use said photos with or without identification for any lawful purpose including but not limited to publicity, illustration, advertising, and Web content.

Signature \_\_\_\_\_ Date \_\_\_\_\_