



Please check one:	
Ballet 1	_____
Ballet 2	_____
Ballet 3	_____
Ballet 4A or 4B	_____
Ballet 5	_____

MDSB 2018-2019 Registration Form- CLASSICAL BALLET DIVISION

Student Name		Gender	
Date of Birth		Age	
Street Address			
City		Zip Code	
Academic School		Grade	

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

Emergency Contact Information	
Name	
Relationship to Student	
Phone	

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

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

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 _____