

| Please check one:     |
|-----------------------|
| Core Dynamics         |
| Character 1 or 2 or 3 |
| Contemporary 1 or 2   |
|                       |

| BALLET                         | MDSR             | 2022-2023 Registration                 | L<br>1 Form   | - OPEN D         | IVISION                  |                        |
|--------------------------------|------------------|--|---------------|------------------|--------------------------|------------------------|
| Student Name                   | 1.1202           | ZOZZ ZOZO REGISTIACIOI                 | 1101111       | Gender           |                          |                        |
| Date of Birth                  |                  |  |               | Age              |                          |                        |
| Street Address                 |                  |  |               | 1150             |                          |                        |
| City                           |                  |  |               | Zip Code         |                          |                        |
| Academic School                |                  |  |               | Grade            |                          |                        |
| Academic School                |                  |  |               | Grade            |                          |                        |
|                                | M                | other and/or Guardian                  | Fa            | ther and/or (    | Guardian                 |                        |
| Name                           |                  |  |               |                  |                          |                        |
| Home Phone                     |                  |  |               |                  |                          |                        |
| Cell Phone                     |                  |  |               |                  |                          |                        |
| Work Phone (s)                 |                  |  |               |                  |                          |                        |
| Email Address (s)              |                  |  |               |                  |                          |                        |
|                                |                  |  | •             |                  |                          | ·<br>1                 |
| <b>Emergency Contact Inf</b>   | <u>formation</u> | (other than parent/guardian)           |               |                  |                          |                        |
| Name                           |                  |  |               |                  |                          |                        |
| Relationship to                |                  |  |               |                  |                          |                        |
| Student                        |                  |  |               |                  |                          |                        |
| Phone                          |                  |  |               |                  |                          |                        |
| Medical History Inforn         | nation           | 7                                      |               |                  |                          |                        |
| <u>v</u>                       |                  | olems, allergies, or medications       | hoing tak     | on•              |                          |                        |
| Tiease list any know inc       | cuicai pi oi     | nems, anergies, or medications         | being tak     | C11•             |                          |                        |
|                                |                  |  |               |                  |                          |                        |
| Family Physician:              |                  |  |               |                  |                          |                        |
| Physician's Phone:             |                  |  |               |                  |                          |                        |
|                                |                  |  |               |                  |                          |                        |
| <b>Dance Training History</b>  | y                |  |               |                  |                          |                        |
| <b>Ballet Technique</b>        |                  | Years:                                 |               |                  |                          |                        |
| <b>Ballet Pointe</b>           |                  | Years:                                 |               |                  |                          |                        |
| <b>Previous Dance Schools</b>  | S                |  |               |                  |                          |                        |
| How did you hear abou          | ıt us?           |  |               |                  |                          |                        |
| Fees:                          |                  |  |               |                  |                          |                        |
| Registration fees are non-     | refundable-      | and non-transferable. Spring Peri      | formance I    | ees are non-r    | efundable after Novem    | ber 15 <sup>th</sup> . |
|                                |                  | the month (\$10 late fee after the 10  |               |                  |                          |                        |
|                                |                  | l in nine equal payments. A \$35 fee   |               |                  |                          |                        |
|                                |                  | es. If at any time my child will not l |               |                  |                          | must be                |
| given two (2) weeks' notice    | e in writing     | g; your tuition responsibility will co | ontinue un    | til this is done | •                        |                        |
| Waiver of Liability:           |                  |  |               |                  |                          |                        |
| •                              | the Moun         | t Dora School of Ballet or any facu    | ılty membe    | er or employee   | liable for injuries sust | ained or               |
|                                |                  | a student at the Mount Dora Scho       |               |                  |                          |                        |
|                                |                  | acted immediately. If I cannot be      |               |                  |                          |                        |
| <b>Mount Dora School of Ba</b> |                  | · · · · · · · · · · · · · · · · · · ·  | ,             |                  |                          |                        |
| Photo Release:                 |                  |  |               |                  |                          |                        |
|                                | ol of Rallet     | the right to take photographs of th    | ne ahove-n    | amed student     | Lorant Mount Dora S      | chool of               |
| _                              |                  | tos with or without identification for |               |                  | _                        |                        |
| publicity, illustration, adv   | _                |  | or mily 14 W. | -ar par pose m   |                          |                        |
|                                |                  |  |               |                  |                          |                        |
| Parent/Student Handbo          |                  | ho Mount Dono Sabaal af Dall 4 Da      | man4/04 1     | m4 Handha-L      | and agues to abide 4-4   | ha wulaa               |
| and regulations.               | mu accept t      | he Mount Dora School of Ballet Pa      | arenvotud(    | ені папароок     | and agree to adide to t  | ne ruies               |
| ana regulations.               |                  |  |               |                  |                          |                        |

Both parties, Mount Dora School of Ballet, and the Student/Parent/Guardian, understand and agree this is a contract binding for both parties. Signature \_ Date \_