



Pasadena Civic Ballet Center

Returning Student Registration Form

Student Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-Mail (REQUIRED) _____

Previous Class(es) at PCB _____

2011-2011 Class(es) _____ Day(s) _____ Time(s) _____

_____ Day(s) _____ Time(s) _____

_____ Day(s) _____ Time(s) _____

Payment included: Monthly \$ _____ Semester \$ _____

Waiver and Release

This is an agreement between Pasadena Civic Ballet Center ("School") and the Parent and Student whose names appear below. By signing this agreement the Parent and Student agree to comply with the following rules and responsibilities.

MEDICAL CONSENT:

I hereby authorize emergency medical treatment, surgery or dental care to be given to my son/daughter/minor charge, listed below as considered advisable or necessary in the judgment of any medical professional or attending physician. I declare that I have authority to provide this medical consent. I do hereby release The Pasadena Civic Ballet Center and all others from all liability in taking such action, including all action which may be contrary to personal religious beliefs. I have read this Medical Consent and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

PHOTO RELEASE:

I hereby give The Pasadena Civic Ballet Center, it's agents and/or assignees permission to use photographs, motion pictures, or any reproductions of my physical likeness taken of me in any manner it deems proper. I relinquish all rights, title and interest I may have in the finished pictures, negatives and copies. I waive the right to prior approval and hereby release The Pasadena Civic Ballet Center, its agents and/or assignees from any and all claims from damages of any and all kinds based on said material. I hereby warrant that I am a parent and/or legal guardian of the subject of photographs who is under eighteen years of age and am competent to act in his/her behalf insofar as the above is concerned.

LIABILITY WAIVER AND RELEASE:

I/WE AND OUR SUCCESSORS AND/OR ASSIGNS UNDERSTAND THAT DANCE IS A PHYSICALLY DEMANDING ACTIVITY THAT CAN RESULT IN INJURY. I/WE AGREE THAT THE PASADENA CIVIC BALLET CENTER AND ALL OTHER COOPERATING AGENCIES, EMPLOYEES, OFFICIALS OR DIRECTORS SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL OR PUNITIVE DAMAGES, INCLUDING ANY LOSS, DAMAGE, COST, OR INJURY, THAT ARISES FROM PARTICIPATION IN ANY ACTIVITY CONNECTED WITH THE PASADENA CIVIC BALLET CENTER WHETHER BASED ON A THEORY OF CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE. I/WE UNDERSTAND THAT I/WE ARE WAIVING OUR RIGHT TO TAKE LEGAL ACTION INCLUDING FILING A LAWSUIT FOR PERSONAL INJURIES TO OUR CHILD(REN) AND /OR OURSELVES.

(please PRINT Student and Parent/Guardian's names above)

Signature of Student _____ Signature of Parent or Guardian _____



Pasadena Civic Ballet Center

New Student Registration Form

Student Name _____ Date _____

Primary Parent/Guardian _____ Student DOB ____/____/____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-Mail (REQUIRED) _____

Second Student Contact (OPTIONAL) _____ How Related _____

Cell Phone (_____) _____ E-Mail _____

Prior Dance Training? Y/N Years ____ Type _____ If yes, where? _____

Academic School attending _____ City _____ Grade _____

How referred to Pasadena Civic Ballet Center? _____

Class(es) Assigned _____ Day(s) _____ Time(s) _____

_____ Day(s) _____ Time(s) _____

_____ Day(s) _____ Time(s) _____

Tuition Subtotal: Monthly \$ _____ Semester \$ _____

One time new registration fee for children and teens \$20 _____ Total Payment \$ _____

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Date _____

Signature of Student _____ Signature of Parent or Guardian _____