Eagle River Ballet Registration Form

Student Nai	ne:					Age:	_ DOB:/_	/
Responsible	e Party:				Relation	nship to studen	ıt:	
(Academic)	School Atten	ıding:						
Name(s) of	siblings or ot	ther family m	nember enr	olled:				
Mailing Add	lress:							
City:				State: ()	Zip:			
Primary CI	ELL Contact	#1 ()			Phone	#2 ()		C/H/W
Email Addr	ess For Respo	onsible Party	":					
2 nd Parent,	/Guardian N	ame:			Primary	CELL Phone: _		
Emergency	Contact if no	t 2 nd Parent:				Relationship: _		
Emergency	Contact Ph. #	#1 () <u>_</u>		(C/H/V	V) Ph. #2 (((C/H/W)
Medical Cor	ncerns/Allerg	gies/Injuries	/Confident	ial*				
Tuition an Eagle Rive parent's/leg I agree to sustained w I have reaall ERB poli	d Registration Ballet (ERE gal guardian's release and hile attendine dand underscies and procession and procession between the sand procession and processio	on Fees are N B) holds the r S behavior is nold harmles ng any progra stand all of the cedures. I un	on-Refunda ight to dism deemed un s Eagle Rive ams offered e policies a derstand th	able niss a dancer from the second se	om the prog inappropriat s employees Ballet. ated in "Info e email as a p	ram whose beh re. In this case from any claim rmation and Po primarily tool fo	navior, or whos no refund will s of loss, dama olicies." I agree or communicat	se be granted. ge, or injuries e to abide by tion.
Parent/Leg	al Guardian S	Signature:				_ Date:		
	_							
					J			
Reg. Date	Term/Yr	Class	RF	Tuition	Paid	Bal Due	Cash/Chk	Receipt #
	+			†	+			