Eagle River Ballet
Registration Form

Student Name: _____ Age: _____ DOB: _____/_____/_____

Responsible Party: _____ Relationship to student: _____

(Academic) School Attending: _____

Name(s) of siblings or other family member enrolled: _____

Mailing Address:
_____

City: _____ State: (_____) Zip: _____ - _____

Primary CELL Contact #1 (_____) _____ - _____ Phone #2 (_____) _____ - _____ C/H/W

Email Address For Responsible Party: _____

2nd Parent/Guardian Name: _____ Primary CELL Phone: _____

Emergency Contact if not 2nd Parent: _____ Relationship: _____

Emergency Contact Ph. #1 (_____) _____ - _____(C/H/W) Ph. #2 (_____) _____ - _____ (C/H/W)

Medical Concerns/Allergies/Injuries/Confidential*
_____
_____

(*) Please speak with the director or your child's instructor

Previous Dance Experience:
_____
_____
_____

• Tuition and Registration Fees are Non-Refundable, with the exception of any Covid-19 related closures on our part or due to government mandates.

• Eagle River Ballet (ERB) holds the right to dismiss a dancer from the program whose behavior, or whose parent's/legal guardian's behavior is deemed unreasonable or inappropriate. In this case no refund will be granted.

• I agree to release and hold harmless Eagle River Ballet and its employees from any claims of loss, damage, or injuries sustained while attending any programs offered by Eagle River Ballet.

• I have read and understand all of the policies above, and as stated in "Information and Policies." I agree to abide by all ERB policies and procedures. I understand that ERB will use email as a primarily tool for communication.

Parent/Legal Guardian Signature: _____ Date: _____

Adult Student Signature: _____ Date: _____

- -For Office Use Only -

Reg. Date	Term/Yr	Class	RF	Tuition	Paid	Balance Due	Cash/Chk	Receipt #