

Student Registration Form - Petrov Ballet School

134 Hopper Ave., Waldwick, New Jersey 07463

Tel: (201) 445-4499

Email: info@petrovballet.com

Web: www.petrovballet.com

Student's Name: _____ Date of Birth _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

School Attending: _____

Parent/Legal Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please list any health concerns, medications, allergies, etc: _____

I do authorize emergency first aid care, to the above named student, by Petrov Ballet School, or its agents and representatives in the event he/she becomes injured or ill during instructional programs or other activities either on or off premises.

General Registration

Full Training Program

For Official use only:

Please list all classes that you are registering for. Number of classes per week: _____

Days	Start time of each class	Class description
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

I have read completely, understood fully, and agree to all of the Petrov Ballet Studio financial and other policies. **Initial here:** _____

I, (state full name) _____, **parent/legal guardian of the above named student** fully understand, recognize and am aware of the risk and hazards involved in the activities of dance provided by Petrov Ballet School. I acknowledge, agree and represent that I understand the nature of such activities and that I am of the opinion that above named student is qualified, in good health, and in proper physical condition to participate in any and all activities provided by Petrov Ballet School. I hereby discharge, covenant not to sue and release Petrov Ballet School LLC, its agents, directors, employees, volunteers and all other associates from any and all liability, claims, responsibility for any and all harm and injury which may be sustained by above named student during attending class or participation in activities and programs sponsored and directed by Petrov Ballet School, LLC. I hereby give my consent to Petrov Ballet School, LLC for photographs and/or video of above named student to be used for promotional purposes in newspapers, on TV and on the Website (s) at anytime for any reason. I waive any and all right to payment (s) for use of these photographs and /or video. I understand that this waiver does not expire.

Parent/Legal Guardian Signature: _____ **Date:** _____