

# CAPE COD BALLET THEATRE FOR CHILDREN, LLC

Phone: (508) 776-3406 ~ Fax: (508) 771-1214 ~ Email: [CapeCodBalletTheatre@gmail.com](mailto:CapeCodBalletTheatre@gmail.com)

[www.CapeCodBalletTheatre.com](http://www.CapeCodBalletTheatre.com)

## REGISTRATION FORM:

Student's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Father's Name \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_ Business # \_\_\_\_\_

Home Address \_\_\_\_\_

**Class or Workshop Choice:** \_\_\_\_\_

Has the child studied ballet before? Yes/No

Have they studied any other form of dance, gymnastics, or theatre before? Yes/No

If yes... What, where and for how long did they study? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Does your child have any allergies or medical conditions that we should be aware of? Yes/No

If yes, please explain: \_\_\_\_\_

In the event of a medical emergency, please provide best contact number, insurance carrier, and policy number:

\_\_\_\_\_

**\*PAYMENT (please circle one): VISA / MASTERCARD / CHECK**

VISA/MC # \_\_\_\_\_ Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_ V-code# \_\_\_\_\_

\*Check # \_\_\_\_\_ \*Please make all checks payable to: Cape Cod Ballet Theatre

*\*Please EMAIL completed & signed Registration Form w/a credit card payment to: [CapeCodBalletTheatre@gmail.com](mailto:CapeCodBalletTheatre@gmail.com)*

*OR... FAX w/a credit card payment to: (508) 771-1214*

*OR... SNAILMAIL w/a check payment to: Cape Cod Ballet Theatre ~ 108 Bay Shore Rd Hyannis, MA 02601*

**\*Parent/Guardian Release:** I understand that Cape Cod Ballet Theatre for Children, LLC (hereafter referred to as "CCBT") expects every parent/guardian to read and agree to all terms & policies, prior to registering. This registration is verification of my agreement to all CCBT's terms & policies. I understand that CCBT may take photographs &/or video of students, during the course of the workshop/class, for both educational & promotional use. I hereby authorize that CCBT may use such photographs/video of my child, for said purposes. Although every effort is made to provide a safe environment, I realize there is always risk of accident and/or illness. If necessary, I authorize CCBT to administer first aid treatment &/or emergency treatment if necessary for me/my child, on my behalf. I hereby consent to emergency medical care and if necessary, admission into an accredited hospital when necessary for executing such care, for treatment of injuries or illness that may be sustained while participating in any activity associated with CCBT. I myself release, and also acting as my/the child's guardian, release CCBT, its officer, directors, employees, faculty, agents, and all individuals, assisting in the instructing and conducting of these activities, from all liability of any nature, for any and all injury or illness, loss of damages, direct or indirect, suffered by me/my child, at or in any way connected with these activities. It is my responsibility to have my child picked up promptly at the end of the scheduled class or workshop. I understand all CCBT policies regarding COVID-19 Safety Protocols, pre-class wellness check-ins, class/workshop dismissals, and that all fees & tuition payments are final & non-refundable; aforementioned in the "Policies & Fees" section of the CCBT website & brochures. I agree with all CCBT terms & policies stated herein. I will let my CCBT teacher know if anyone other than myself will be picking up my child, or of any other special situations.

\*Parent/Guardian Signature & Date: \_\_\_\_\_