

CAPE COD BALLET THEATRE FOR CHILDREN, LLC

Phone: (508)776-3406 Website: www.CapeCodBalletTheatre.com Fax: (508)771-1214
Email: CapeCodBalletTheatre@gmail.com

REGISTRATION FORM:

Student's Name _____ Mother's Name _____
Student's Date of Birth _____ Father's Name _____
Home Phone _____ Business Phone _____
Address _____ Cell Phone _____
_____ Email _____

Class or Workshop Choice: _____

Has the child studied ballet before? Yes/No
Have they studied any form of dance or theatre before? Yes/No
If yes, what did they study? And, where 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 FOR CHILDREN, LLC

***Please mail payment & completed registration to:** Cape Cod Ballet Theatre for Children, 108 Bay Shore Road Hyannis, MA 02601
Or... fax completed registration w/ credit card info to: (508) 771-1214

***Parent/Guardian Release:** I understand that Cape Cod Ballet Theatre for Children, LLC (*hereafter referred to as "CCBT"*) expects every parent 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. 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 that may be sustained while participating in any activity associated with CCBT. I myself release, and also acting as my 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 workshop/class. I understand all CCBT policies regarding fees; aforementioned in the "Policies & Fees" section of this brochure and/or website. *I agree with all CCBT terms & policies stated herein.* I will let my teacher know if anyone other than myself will be picking up my child, or of any other special situations.

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