

CAPE COD BALLET THEATRE FOR CHILDREN, LLC

CapeCodBalletTheatre@gmail.com // www.CapeCodBalletTheatre.com // 508.776.3406

REGISTRATION FORM

Student's Name: _____ Mother's Name: _____

Student's Date of Birth: _____ Father's Name: _____

Email: _____ Cell # _____ Home # _____

Home Address: _____

Class or Workshop Choice: _____

Has the child studied ballet before? _____

Have they studied any other form of dance, gymnastics or theatre before? _____

If yes... What, where & 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? If so, what are they?

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

***PAYMENT (please circle one): VISA / MC / Discover / AmEx / Check**

Credit Card # _____ Name on card: _____

Billing Address: _____ Exp. ____/____/____ V-code# _____

Check # _____ (Please make all checks payable to: Cape Cod Ballet Theatre)

EMAIL completed Registration Form w/credit card payment to: CapeCodBalletTheatre@gmail.com // OR FAX to: (508) 771-1214 //
OR SNAIL MAIL check 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 & 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 & if need be, 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 & 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 Health & Safety & COVID-19 Protocols, pre-class wellness check-ins, class/workshop dismissals, & that all fees & tuition payments are final & non-refundable; aforementioned in the "Policies & Fees" section of the CCBT website. 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: _____