

Trinity Ballet Academy

1981 Central Avenue
McKinleyville, CA 95519
(707) 839-1816

DANCE WORKSHOP REGISTRATION

Student Name _____ Birth Date _____
Previous Dance Experience: Ballet ___yrs. Tap ___yrs. Jazz ___yrs. Other ___

Parent / Guardian Name(s): _____

Phone - Home: _____ Cell: _____ Work: _____

Address: _____

Driver's License Number: _____ Email: _____

Please read the following information carefully, then sign and return.

1. Continued attendance is essential for maintaining class progression and is necessary for improving and maintaining each dancer's technique.
2. Tuition is paid on a session basis, not per class. There are no refunds for unattended classes.
3. Parents may observe class during the last class of the session only as it can be very distracting to the teachers and the students to be continually observed. Videotaping of the class is allowed only by prior approval of the instructor.
4. It is the goal of Trinity Ballet Academy to provide a professional, fun and safe environment for students to learn to dance in. There is a basic dress code for all classes. Check with the workshop instructor.

I understand and agree with the terms listed in items 1-4 above and hereby give my consent for (student name) _____ to participate in dance lessons at Trinity Ballet Academy.

I hereby release and discharge Trinity Ballet Academy, Greta Leverett (owner), and her employees from all liability arising out of, or in connection with, participation in dance lessons and performances.

Signed (parent/guardian) _____ Date: _____