

# The Ballet & Dance Center

## Enrollment Form

Date \_\_\_\_\_

Dancer Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

(If under 18 years of age)

Cell #1 \_\_\_\_\_ Cell #2 \_\_\_\_\_ Cell #3 \_\_\_\_\_  
(parent/guardian) (parent/guardian) (dancer if applicable)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Emergency Contact/Phone # \_\_\_\_\_

(if the phone #'s noted above are called and no one is reached we will contact this #)

Parent Email \_\_\_\_\_ Dancer Email \_\_\_\_\_

**Please enroll the above referenced dancer in the class(es) below:**

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Medical conditions, medications or restrictions \_\_\_\_\_

(all information will be held confidential)

I, the above-named dancer, or the parent or guardian of the above-named dancer, understand that Dance is a hazardous activity from which all risk of injury cannot be eliminated. I consent to the above-named dancer's participation in The Ballet & Dance Center's activities and I assume the risks incidental to the participation in such activities. Also, I understand that The Ballet & Dance Center cannot be liable for any exposure to the COVID-19 virus. By signing below, I the above-named dancer, or the parent or guardian of the above-named dancer, agree to each statement above and release The Ballet & Dance Center from all liability.

Signature of adult dancer/parent/guardian:

\_\_\_\_\_ Date \_\_\_\_\_

**Call (315) 446-6600 or email [kfalcone@TheBalletAndDanceCenter.com](mailto:kfalcone@TheBalletAndDanceCenter.com)  
The BDC, P.O. Box 375, DeWitt, NY 13214**