

# 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 '21 \_\_\_\_\_

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

(if you can not be reached at the above phone #'s)

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

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

1. SEE EMAIL CORESPONDENCE DATED \_\_\_\_\_

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, due to the outbreak of the novel Coronavirus (COVID-19), The Ballet & Dance Center is taking extra precautions with the care of every dancer. Our safety procedures include health history review and sanitation/disinfection steps, in accordance with state and federal guidelines. I understand that The Ballet & Dance Center cannot be liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each dancer. 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 for the unintentional exposure or harm due to COVID-19.

Signature of adult dancer/parent/guardian:

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

Call (315) 446-6600 or email [kfalcone@TheBalletAndDanceCenter.com](mailto:kfalcone@TheBalletAndDanceCenter.com)