

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, 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
The BDC, P.O. Box 375, DeWitt, NY 13214**