

2012 Registration Form



General Information

Child's Name: _____ Child's DOB: _____
Parent's/Guardian's Name: _____ Parent's/Guardian's Email: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Parent's/Guardian's Home Phone Number: (____) _____ Parent's/Guardian's Cell Phone Number: (____) _____
Emergency Contact Name: _____ Emergency Contact Phone Number: (____) _____

Medical Information

Allergies or medical alerts: _____
Pediatrician Contact Name: _____ Pediatrician Phone Number: (____) _____

Authorization, Class Selection & Payment

By signing below, you confirm that you understand and agree to CaleCo Ballet Studio guidelines and policies.

Performance Participation (additional \$100 Production Fee):

- My child will participate in the Spring production of Coppelia
 My child will NOT participate in Coppelia

Parent/Guardian Signature: _____ Date: _____

Name of Class: _____ Day: _____ Time: _____ Circle one: Fall / Spring / Full Year	Tuition Fee = \$	Make checks payable to: Calegari-Cook, LLC
	+ Spring 2012 Deposit = \$ 50.00	Mail completed form AND payment to: CaleCo Ballet Studio P.O. Box 386 Brewster, NY 10509-0386
	+ Production Fee = \$ 100.00	
	+ Annual Registration Fee = \$ 30.00	
	Total Amount DUE = \$	Total Amount ENCLOSED = \$

Waiver of Liability

I understand that there is a risk of potential injury associated with the dance class/rehearsals/performances. I represent that _____ (child's name) is in good health and physically capable of participating in ballet/stretching/dance classes, rehearsals and performances. On behalf of myself and the above named student I hereby waive and release any claim against CaleCo Ballet Studio and their faculty and employees arising out of a personal injury occurring in connection with classes, rehearsals or performances or otherwise occurring in or around the ballet studio or other location of rehearsals or performances. I accept responsibility for obtaining appropriate accident, health and hospitalization insurance to cover the student in the event of personal injury. In the event of injury or other medical emergency, if I cannot be reached, I authorize a representative of CaleCo Ballet Studio to seek any medical assistance reasonably required and agree to be responsible for any medical expenses incurred on behalf of the student. I have read the above information and agreed to this release.

Parent/Guardian Signature: _____ Date: _____

Standard Photo Release Form for Children under 18

Child's Name: _____

I hereby authorize Calegari-Cook, LLC to publish the photographs taken of the me and/or the undersigned minor children, and our names, for use in the Calegari-Cook, LLC's printed publications and website. I release Calegari-Cook, LLC from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Calegari-Cook, LLC to use their photographs and names. I acknowledge that since participation in publications and websites produced by Calegari-Cook, LLC is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Calegari-Cook, LLC confers no rights of ownership whatsoever. I agree that Calegari-Cook, LLC may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and website content. I release Calegari-Cook, LLC, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children. I have read and understand the above:

Parent/Guardian Signature: _____ Date: _____

Names and Ages of Children:

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____