

Robert Ivey Ballet Academy

Registration Form

- Year
- A la Carte
- Summer
- \$25 Mandatory Registration Fee**

Student Name: _____ Date of Birth (mm/dd/yy) _____

Age: _____

Email: _____ Home Phone: _____

Parent/Guardian Name(s) _____

Cell Phone#1: _____ Cell Phone#2: _____

Address: _____

City: _____ State: _____ Zip: _____

Male _____ Female _____ Years of Training (ballet) _____ Level: _____

Present Ballet School & Primary Teacher(s) _____

Previous Summer Intensive Training(s) _____

Medical Condition(s) (i.e. allergies, medication) _____

Emergency Contact(s): _____

Tel# _____ Tel# _____

I understand that I will be held fully responsible for accident insurance and will not hold the Charleston Dance Studio/Robert Ivey Ballet Academy liable for injury sustained during class or rehearsal. I understand that refunds will not be issued and makeup classes must be made up within a 2 month period. I have read and understood the above.

Student's Signature: _____ Date: _____

Parent's/Guardian's Signature _____

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Office Use Only

Notes: _____
