



Registration Winter 2019 January 9 - March 27, 2019

Cost Options | First Class Free | Register for Winter Session - \$110 | Drop-in Rate \$15/class

Name

Address

City State Zip code

E-mail Phone number

Emergency Contact Name Emergency contact Phone number

The undersigned, on his or her behalf, and on the behalf of the minor(s) identified below, or on my own behalf if 18 years of age or older, acknowledges, appreciates, understands, and agrees to the following:

I represent that I am the parent or legal guardian of the minor(s) named below or I have obtained permission from the parent/legal guardian of the minor(s) named below to execute this agreement on their behalf, or on my own behalf if 18 years of age or older. I have read the registration information and understand Princeton Ballet School's calendar and policies, as outlined. There are no refunds on tuition. Adjustments may be made only under exceptional circumstances and upon receipt of written notification by the Director and are subject to the approval of the Board of Trustees. I acknowledge and understand that there are known and unknown risks associated with participation in Princeton Ballet School activities. I agree that, on my own behalf and on behalf of the minor(s) named below, I fully accept and assume full responsibility for all of these known and unknown risks, and I assume full responsibility for personal injury to myself and/or the minor(s) listed below, including, but not limited to, injury related to asthmatic reactions, allergies, and muscular or orthopedic injuries. I understand and agree that, on behalf of myself, the minor(s) listed below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, I fully waive, release and forever discharge Princeton Ballet School, the Princeton Ballet Society, American Repertory Ballet and their officers, trustees, members, agents, assigns, representatives, faculty members and employees, from liability for any and all injuries, illness and/or loss arising out of or related to participation in Princeton Ballet School. In the event of a medical emergency, Princeton Ballet School has my permission to authorize first aid and/or lifesaving treatment to the participant listed on this form. In the event of an emergency, every effort will be made to contact me immediately. If I cannot be reached and emergency care is necessary, Princeton Ballet School will call an ambulance to transport the participant to the closest hospital. Princeton Ballet School will not be responsible for any medical charges incurred. I hereby give permission for Princeton Ballet School to take photographs and video recordings for use in the organization's materials online, television, radio, and print, without any compensation to the participant. I understand that Princeton Ballet School cannot be responsible for any lost or stolen items. All class makeups must be done within the school year or registered session.

I/we have read the above and agree to all conditions stated therein.

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Student Signature (If over 18 years of age) _____

Parent or Guardian Signature (If under 18 years of age) _____