



REGISTRATION FORM 2019-2020 OPEN ENROLLMENT/HAND-IN-HAND

FOR OFFICE USE ONLY	
Date/Time _____	Rec by _____

PLEASE NOTE THAT THIS FORM SHOULD ONLY BE COMPLETED AS PART OF REGISTRATION FOR THE FOLLOWING CLASSES: HAND IN HAND, OPEN ENROLLMENT BEGINNER OR CARDIOBALLET.

Student's First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Birthdate (for those under 18 years of age) ____/____/____
month day year Male Female Academic Grade (year 2019-2020) _____

Email _____

Home Telephone _____ Cell Phone _____

**Information and announcements will be distributed via e-mail.
Please provide a reliable e-mail address and put arballet.org is on your safe list.**

If registering for Hand-in-Hand, please list the name of the parent/caregiver who will be taking the class:

Parent or Guardian: Title _____ Name _____ Relation to Student _____

Emergency Contact:

Title _____ Name _____ Relationship to Student _____

Emergency Contact Phone 1: _____ Emergency Contact Phone 2: _____

Are you a returning student? Yes ___ No ___ How did you hear about us? Please check all that apply.

Brochure Ad in _____ Website _____ Word of Mouth Current Student Other _____

Registering for:

Fall 2019 Holiday 2019 Winter 2020 Spring 2020 Summer 2020

	CLASS NAME	DAY	TIME	ROOM	INSTRUCTOR	CLASS CODE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

REG _____	COMP <input type="checkbox"/>	<input type="checkbox"/>	RB _____	NB _____	SD _____	CONF _____	_____	_____	_____	_____
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REGISTRATION FORM
2019-2020
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Student Name _____ Preferred Phone Number _____

_____ TOTAL NUMBER OF CLASSES WEEKLY

_____ TUITION

_____ TOTAL

_____ I would like to add tax deductible contribution of \$_____ to the Princeton Ballet School scholarship fund, which goes to benefit need-based scholarships. Please include this donation in your initial payment.
_____ TOTAL PAYMENT AT REGISTRATION

PAYMENT: Check enclosed – Make payment payable to: Princeton Ballet School. We cannot accept cash.

I would like to charge my: Visa MasterCard American Express Discover

Name on Card _____ Card Number _____

Sign _____ CVV *3/4 digit number on back of your credit card _____ Exp. Date _____ Today's Date _____

THIS REGISTRATION FORM MUST BE SIGNED FOR ADMISSION INTO PRINCETON BALLET SCHOOL.

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. I understand that this registration contract represents a financial commitment for the entire school year. 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 certify that this minor, or myself if 18 years of age or older, is in good health and capable of participating in all school activities and classes. 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 this session.

Student Signature (If over 18 years of age) _____

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

Complete this form and mail to:
Princeton Ballet School
301 N. Harrison St.
Princeton, NJ 08540
or e-mail to: princetonballetschool@arballet.org
Web: www.arballet.org • Telephone: 609.921.7758

**Make-up classes cannot
carry over into any other session.**

**Princeton Ballet School is not
responsible for any items lost or stolen.**