

City Center

Ballet

# City Center Ballet

603-448-9710  
Dance@CityCenterBallet.org

Post Office Box 66  
Lebanon, NH 03766

## Registration Form for Master Dance Series PDF Fillable Form - Fill it out on your computer.

Student's First Name:		Last Name:	
Student's Birth Date:		Email:	
Mailing Address:			
Parent/Guardian:			
Main Phone:		Email:	

MDS1 = Alexander Brady - Feb 7-14 ! MDS2 = Michelle Manzanales - Feb 15-19 ! MDS3 = Jere Hunt - Apr 1-6

Qty	Description	Cost	Amount
	All Three Series	\$200	
	Individual Series: <input type="checkbox"/> MDS1: 2/7-14 ! <input type="checkbox"/> MDS2: 2/15-19 ! <input type="checkbox"/> MDS3: 4/1-6	\$95/each	
	Individual Classes: Record selected Series and days on reverse.	\$27/each	
		<b>TOTAL</b>	

### Liability Release

I hereby give my consent for my child/self to participate in classes and activities at City Center Ballet (CCB) and Lebanon Ballet School (LBS). I am fully aware and appreciate the risk and damages that might occur as a result of participating in CCB/LBS classes and activities. I have been assured that all pre-cautions will be taken to ensure my/my child's safety.

I hereby waiver and release any and all rights or claims for any damages my child/self may have against CCB/LBS, its staff, employees, teachers and agents for any and all injuries sustained or suffered by my child/self at any CCB/LBS class or activity. I do hereby verify that I fully under stand

and accept the preceding conditions for permitting my child/self to participate in any CCB/LBS class or activity.

### Medical Release

I understand that it is my responsibility to provide all medical insurance coverage. That I must inform CCB/LBS of any medical condition that is present or may occur and may affect my child/self training while enrolled at CCB/LBS. In the event I cannot be reached, I hereby give my permission to the staff of CCB/LBS to authorize any emergency medical care that may be required by the above student during my child/self participation in classes, performances, or any related CCB/LBS event. This authorization extends through the current

year or until my child/self is no longer enrolled at CCB/LBS, whichever comes first.

I understand that I am responsible for any and all charges as a result of such care or medical treatment.

### Publicity Release

I hereby authorize CCB/LBS to record my child/self pictures, photographs, films and DVDs, to edit these recordings at its discretion and to incorporate these recordings for CCB/LBS to use for publicity including advertising and sales promotion.

I acknowledge that no promises of compensation have been made by CCB/LBS for such use.

*I have read, understand and agree to the Liability Release, Medical Release and Publicity Release.*

Parents' Signature \_\_\_\_\_ Date \_\_\_\_\_

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Payment Form for Master Dance Series  
PDF Fillable Form - Fill it out on your computer.

## PAYMENT INFORMATION

**NOTE: Make Checks out to "City Center Ballet"**  
**Credit Card Charges will show City Center Ballet**  
**We cannot use your credit card saved with Lebanon Ballet School!**

*There are no refunds due to absence, withdrawal or expulsion. Tuition is non-transferrable.  
Payment in full must accompany this form.*

Please check one:  Check  VISA  MasterCard TOTAL AMOUNT DUE: \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Send registration and payment to:  
City Center Ballet  
PO Box 66  
Lebanon, NH 03766