

SIERRA NEVADA BALLET ACADEMY
775-360-8663 SNBACADEMY@SIERRANEVADABALLET.ORG

HOW DID YOU HEAR ABOUT US?



SIERRA NEVADA BALLET ACADEMY
REGISTRATION FORM

_____ Internet Search
_____ Performance
_____ Poster
_____ Word of Mouth

TODAY'S DATE _____ MALE _____ FEMALE

STUDENT'S NAME _____ BIRTH DATE _____ AGE _____

PARENT'S NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

HOME PHONE _____ CELL _____ WORK _____

E-MAIL _____

IN CASE OF EMERGENCY

NAME & RELATIONSHIP _____ CONTACT NUMBER _____

NAME & RELATIONSHIP _____ CONTACT NUMBER _____

MEDICAL CONDITIONS, IF ANY (asthma, allergies, etc.) _____

INITIAL _____ *WE WILL OCCASIONALLY USE PICTURES OF OUR DANCERS IN VARIOUS STUDIO PROMOTIONAL MATERIALS, INCLUDING OUR WEBSITE. PLEASE INITIAL TO ACKNOWLEDGE YOUR CONSENT FOR THE POSSIBLE USE OF YOUR CHILD'S IMAGE.

INITIAL _____ *DANCE IS A PHYSICAL ACTIVITY: I AGREE NOT TO HOLD SIERRA NEVADA BALLET ACADEMY ANY REPRESENTATIVES AND/OR TEACHERS LIABLE FOR ANY CLAIMS OR INJURY ARISING OUT OF OR RELATING TO THEIR PROGRAM.

I HAVE READ AND UNDERSTAND ALL THE TERMS AND CONDITIONS ABOVE.

SIGNATURE _____ DATE _____

PRINT NAME _____

CLASS(ES) _____

DAY(S) OF THE WEEK _____

TOTAL NUMBER OF CLASSES PER WEEK _____

REGISTRATION FEE _____ AMOUNT PER MONTH _____

SIERRA NEVADA BALLET
MAILING ADDRESS: 550 W. PLUMB LANE, SUITE B BOX 442
RENO, NEVADA 89509-3666
www.sierranevadaballet.org