

Student Registration Form



Please complete and return to the studio hosting the Ballet Magnificat! workshop.

Workshop Location: _____ Workshop Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Contact Phone #: _____ Contact Email: _____

Date of Birth: _____ Age: _____

Dance Training (ballet, jazz, etc & # of years): _____

Years of Ballet Since Age 8: _____ Years on Pointe: _____

How did you hear about the Ballet Magnificat! workshop? _____

Emergency Contact Name: _____

Mobile Phone #: _____ Relationship to Applicant: _____

SERIOUS MEDICAL CONDITIONS

If you have a serious medical condition that the teachers of this workshop need to be aware of, please use the following space to outline your condition.

I carry an EpiPen.

LIABILITY RELEASE

I/We hereby release Ballet Magnificat! and host studio/sponsor, their agents, employees, and volunteer assistants, from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by the above-named applicant during the workshop.

Participant Signature _____

Date: _____

Signature of Parent/Guardian (if applicant is under 18) _____

Date: _____

PHOTO RELEASE

I grant to Ballet Magnificat!, its employees, agents, and assignees, the right and permission to make, reuse, and/or publish photographic pictures or video tapings of me, which may be used in connection with my own or a fictitious name, for any purpose whatsoever including the use of any printed matter. I waive any right to inspect or approve either the finished photograph or video or the printed matter or video with which it may be used in conjunction.

Participant Signature _____

Date: _____

Signature of Parent/Guardian (if applicant is under 18) _____

Date: _____

For information about Ballet Magnificat!'s Summer Dance Intensive visit www.balletmagnificat.com