

TEEN & ADULT BALLET ENROLLMENT FORM

If student is younger than 18 years of age,
please have a parent or guardian sign this form.



5200 BROADWAY | SAN ANTONIO TX 78209 | 210.820.3400

Student's Name	Date of Birth	Age	
E-Mail Address	Phone No.		
Mailing Address	City	State	Zip Code
Parent Guardian Name (if student is under 18)	Phone No.	Parent Guardian E-mail Address	
Emergency Contact	Emergency Contact Phone No.	Relationship to Student	

Please list any allergies, medical conditions and/or injuries

Participation Release

_____ In consideration of the benefits of instructions provided by the Ballet Conservatory of South Texas, I/We intending to be legally bound, do hereby apply for enrollment for the student named above. I/we accept the risks of motion exploration activities, and do hereby waive claim and release the Ballet Conservatory of South Texas, and/or its staff, instructors, and other personnel (hereinafter referred to individually or collectively as the Conservatory) for claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities, either on or off Conservatory premises.

Permission for Medical Treatment

_____ I/we authorize emergency first aid care to be administered to the above-named student by the Conservatory in the event he/she becomes injured or ill during instructional time or incidental sponsored activities either on or off premises. If the parent(s) and/or guardian(s) of the student are not immediately available by telephone, I/we further authorize the Conservatory, or such agents to retain the services of a doctor or other competent medical personnel in order to treat the student. I/we do warrant the Conservatory that the child herewith enrolled is physically and emotionally capable of motion exploration activities and is limited only by the medical conditions noted on this enrollment form. The Conservatory urges that a complete physical examination be undertaken for the student before beginning these activities.

Photo Release

_____ I/we understand that the student named above may be photographed during class or while performing. I/we understand that these images may be displayed publicly to promote the Conservatory's mission and the services and programs provided.

Tuition and Fees

_____ I/we understand that all payments made to the Conservatory are non-refundable. As a 501(c)(3) nonprofit organization, the Ballet Conservatory of South Texas does not issue refunds. Thank you for your support.

By signing this form, I agree that I have fully read, understand and will abide by the Conservatory's participation and medical treatment and tuition policies and as listed on this form. I understand that non-conformance to any Conservatory policy is ground for dismissal from the Conservatory with no refunds or credits applied.

Signature _____ **Date** _____

Office Use Only:

Trial Date: _____ **Class Level (circle one):** **Beginner** | **Intermediate** **Date Enrolled:** _____

Discount Applied: _____ **Staff Int:** _____