

**Spring Dance Series 2025 - Registration Form  
Zackery Betty - Saturday April 5**

<b>Student's First Name:</b>		<b>Last Name:</b>	
<b>Student's Birth Date:</b>		<b>Age:</b>	
<b>Student's Mailing Address:</b>			
<b>Parent/Guardian #1</b>			
<b>Home Phone:</b>		<b>Cell:</b>	
<b>Email:</b>			
<b>Parent/Guardian #2</b>			
<b>Home Phone:</b>		<b>Cell:</b>	
<b>Email:</b>			

	Amount
<input type="checkbox"/> <b>Junior Workshop • Ages 8-12 • 12:15-1:15 • Cost: \$25 - (after 3/29/25: \$35)</b>	
<input type="checkbox"/> <b>Senior Workshop • Ages 13-18 • 1:15-2:45 • Cost: \$35 - (after 3/29/25: \$55)</b>	
<b>Subtract Credit Applied</b>	
<b>TOTAL</b>	

<p align="center"><b>Liability Release</b></p> <p>I hereby give my consent for my child/self to participate in classes and activities at City Center Ballet (CCB). I am fully aware and appreciate the risk and damages that might occur as a result of participating in CCB classes and activities. I have been assured that all pre-cautions will be taken to ensure my/my child's safety.</p> <p>I hereby waiver and release any and all rights or claims for any damages my child/self may have against CCB, its staff, employees, teachers and agents for any and all injuries sustained or suffered by my child/self at any CCB class or activity. I do hereby verify that I fully understand</p>	<p>and accept the preceding conditions for permitting my child/self to participate in any CCB class or activity.</p> <p align="center"><b>Medical Release</b></p> <p>I understand that it is my responsibility to provide all medical insurance coverage. That I must inform CCB of any medical condition that is present or may occur and may affect my child/self training while enrolled at CCB. In the event I cannot be reached, I hereby give my permission to the staff of CCB 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 event. This authorization extends through the current</p>	<p>year or until my child/self is no longer enrolled at CCB, whichever comes first.</p> <p>I understand that I am responsible for any and all charges as a result of such care or medical treatment.</p> <p align="center"><b>Publicity Release</b></p> <p>I hereby authorize CCB to record my child/self pictures, photographs, films and DVDs, to edit these recordings at its discretion and to incorporate these recordings for CCB to use for publicity including advertising and sales promotion.</p> <p>I acknowledge that no promises of compensation have been made by CCB for such use.</p>
---	---	---

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

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

**Spring Dance Series 2025 - Payment Form - Zackery Betty**

**THERE ARE NO REFUNDS DUE TO ABSENCE, WITHDRAWAL OR EXPULSION.**

**TUITION IS NON-TRANSFERRABLE.**

**PAYMENT IN FULL MUST ACCOMPANY THIS FORM.**

Payment of \$ \_\_\_\_\_ paid by (check one) \_\_\_ Check \_\_\_ VISA \_\_\_ MasterCard

Student Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

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

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

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Card Holder**

\_\_\_\_\_  
**Date**

Do Not Write Below Here - For Office Use Only					
Date		Check #		Payment	
Date Entered				Auth Number	