

**Registration Form for Master Dance Series - Mary Ann Lamb**

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

Qty	Description	Cost	Amount
	All-Inclusive (6 classes) Ballet, Contemporary and Musical Theater Dance Monday, January 15 - Saturday, January 20	\$200	
	Ballet Classes: (check desired days below) <input type="checkbox"/> Monday, 1/15 • <input type="checkbox"/> Wednesday, 1/17 • <input type="checkbox"/> Friday, 1/19	\$35/each	
	Contemporary and Musical Theater Dance: (check desired days below) <input type="checkbox"/> Tuesday, 1/16 • <input type="checkbox"/> Thursday, 1/18 • <input type="checkbox"/> Saturday, 1/20	\$35/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 \_\_\_\_\_

City Center

Ballet

City Center Ballet

603-448-9710  
Dance@CityCenterBallet.org

Post Office Box 66  
Lebanon, NH 03766

**Payment Form for Master Dance Series - Mary Ann Lamb**

**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