

Cuizon Ballet Centre Registration (Summer Session)

Student Information

Student's Name: _____ Date of Birth: _____

Address: _____

City/Zip: _____

Primary Phone: _____ Phone(2): _____

Email Address: _____

Parent/Guardian: _____

Emergency Phone Numbers: _____

How did you hear about us? _____

- **Summer Foundational Ballet & Foundational Ballet PLUS**
- **Summer Intro to Ballet**

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies

___ I/we understand my billing obligations

___ I/we understand the dress code

___ I/we understand the schedule

___ I/we understand the attendance policy

___ I/we understand the risks related to physical exercise and dance

___ I/we understand my responsibilities for my property

___ I/we understand that all payments are **NON-REFUNDABLE and NON-TRANSFERABLE**

Signature / Responsible Party _____ Date _____