PENNSYLVANIA YOUTH BALLET
Ballet Guild of the Lehigh Valley

STUDENT REGISTRATION • POST SEASON SESSION • 2019

Ballet: 10:30 AM-12:00 pm; Pointe 12:15-12:45 pm

Mondays: May 20 & June 3; Thursdays: May 23 & June 6

$90.00 for all classes paid in advance • $30 per day for both classes • Single Class: $22.00

Student Name _____ Birth Date _____ Age_____

Street _____City _____ State_____ Zip_____

Home Phone_____ Cell Phone _____

E-Mail_____ Dance Teacher/School _____

Tuition: _____

Total: _____

Payment Enclosed: _____

PAYMENT METHOD: ☐ Check ☐ Cash ☐ Credit card

(Payable to BGLV)

_____ _____
Credit Card # Exp. date

_____ _____
Signature CVC 3 digit code on back

Attention! **NON-BGLV STUDENTS ONLY MUST COMPLETE AGREEMENT & RELEASE FORMS BELOW**

AGREEMENT *Please read thoroughly, complete, and sign where indicated.*

I, the undersigned, hereby certify that this student has been examined recently by a physician, is physically fit, and has no pre-existing condition that would prohibit participation in the strenuous physical program of the Ballet Guild/Pennsylvania Youth Ballet. I authorize the Ballet Guild faculty or its representatives to obtain emergency medical treatment for this student, if deemed necessary, and I agree not to hold the Ballet Guild of the Lehigh Valley, Inc., its directors, faculty, staff, or their representatives, in any way liable. I have listed any medications taken on a regular basis and the condition for which they are being taken.

I understand that there are no refunds for early withdrawal. I understand that there is a $30 fee charged for returned checks or credit card charge backs for any reason.

Signature (Parent or Guardian if minor)_____ Date_____

STUDENT MEDICAL INFORMATION • Please list any chronic medical conditions, medications and illnesses currently being treated. Use a separate paper if needed. All information will be kept confidential. _____

RELEASE FORM FOR MINORS (UNDER AGE 18) *Please read thoroughly, complete, and sign where indicated.*

I, being Parent/Guardian of _____, hereby consent that the videotapes, photographs, motion picture film and/or electronic images for which she/he posed, and/or audio recordings made of her/his voice may be used by Ballet Guild of the Lehigh Valley, Inc., its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, and/or software from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes, and software as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand in the Commonwealth of Pennsylvania on this day ___/___/___

NAME OF MINOR (PRINT) _____ SIGNATURE OF PARENT OR GUARDIAN_____

RELEASE FORM FOR ADULTS (18 & UP) *Please read thoroughly, complete, and sign where indicated.*

I, being of legal age, hereby consent that the videotapes, photographs, motion picture film and/or electronic images for which I appear, and/or audio recordings made of my voice may be used by Ballet Guild of the Lehigh Valley, Inc., its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, and/or software from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes, and software as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand in the Commonwealth of Pennsylvania on this day ___/___/___

NAME (PRINT)_____ SIGNATURE _____