

# Open Class Registration Form

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Name & Phone \_\_\_\_\_

Email \_\_\_\_\_

Please list medical conditions or learning disabilities that your child's teacher should be aware of:

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## MEDICAL RELEASE:

In case of emergency, if the Staff of Greensboro Ballet is unable to reach me by phone, or it is a situation that appears to require immediate emergency medical assistance, I hereby give my permission for the Staff to contact 911 and secure treatment for my child as named above.

As an additional consideration for the student's instruction, the undersigned hereby releases Greensboro Ballet from liability for injuries to the person or property of the student, which may occur while participating in the activities of the School. The undersigned further agrees to indemnify the Greensboro Ballet in the event any claims are asserted against it arising from the student's participation in the activities of the School or affiliated company.

Greensboro Ballet shall have the right to use the name, photograph, video tape, voice, or other likeness of the dancer; and to exhibit the same through any medium whatsoever during the term of this agreement or at any time in the future for advertising, promotional or commercial purposes. All such reproductions shall be exclusive property of Greensboro Ballet.

I am in agreement with this release and consider it legal and binding.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Greensboro Ballet, 200 N. Davie St., Box 12, Greensboro, NC 27401  
336-333-7480