

**Baird Ballet Inc. Registration Form**  
**SUMMER WORKSHOPS 2021**

Student's Name (oldest) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Cell Mother \_\_\_\_\_ Cell Father \_\_\_\_\_ Emergency number \_\_\_\_\_

Email \_\_\_\_\_ Please print email \_\_\_\_\_

Years of previous dance training Ballet \_\_\_\_\_ Tap \_\_\_\_\_ Jazz/Hip Hop \_\_\_\_\_ Other \_\_\_\_\_

**WORKSHOP WILL ATTEND PLEASE CIRCLE BELOW**

**(May pay by credit card, check, cash or online)**

**Disney Camp 3-5y July 5-8    Learn N' LeapTime6-9y July 12-16**

**Mini Intensive 10-13y July 5-9    Ballet Intensive-Intermediate 12y and up, June 14-18    Ballet  
Intensive-Advanced 13y and up, June 21-July 2 (2 WEEKS) (ONE WEEK)**

The Baird Ballet has permission to use photographs that may be taken in the studio or performing that may include your child for

any advertising such as brochures, newspaper or Baird Ballet website    Circle YES or NO

**Confidential**

Is there anything special we need to know about the student? Medical or medications \_\_\_\_\_

Learning/behavioral/handicaps \_\_\_\_\_

**I understand and agree to the following (initial each)**

\_\_\_\_\_ I acknowledge the contagious nature of the Coronavirus and will follow all protocol and safety measures Baird Ballet has in place. Baird Ballet will not be responsible for any medical treatment that may occur from the virus

\_\_\_\_\_ By signing below, I do hereby release Baird Ballet and their agents or representatives of liability for my child (or myself) of any injury to my child (or myself) in class, while on the school campus, or while participating in Baird Ballet sponsored performances. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on the student's registration form. In the event next of kin cannot be contacted for the health and well-being of my child (or myself), I hereby authorize the director or instructor of Baird Ballet to authorize whatever medical treatment that might be necessary. I understand that my medical insurance carrier and I are financially responsible for any medical treatment extended to my child (or myself), and that Baird Ballet and it's agents or representatives cannot be held accountable or liable for such medical treatment.

**PARENT**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OVER 18Y PLEASE SIGN**

\_\_\_\_\_ **DATE** \_\_\_\_\_