

Virginia Ballet Company® and School, Inc.
 5595 Guinea Road
 Fairfax, VA 22032
 703-249-8227
 www.virginiaballetcompany.org

Registration Form

Registration Date:
 Account No.

Billing Name	<input type="text"/>		<input type="text"/>	
Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip/Postal <input type="text"/>
Home Phone	<input type="text"/>	How did you hear about us?		
E-Mail	<input type="text"/>			
Parent 1	<input type="text"/>		Hm. Phone	<input type="text"/>
Employer	<input type="text"/>		Wk. Phone	<input type="text"/>
	Cell	<input type="text"/>	Occupation	<input type="text"/>
Parent 2	<input type="text"/>		Hm. Phone	<input type="text"/>
Employer	<input type="text"/>		Wk. Phone	<input type="text"/>
	Cell	<input type="text"/>	Occupation	<input type="text"/>
Emergency Contacts	<input type="text"/>		Phone	<input type="text"/>
	<input type="text"/>		Phone	<input type="text"/>
	<input type="text"/>		Phone	<input type="text"/>

Student Name	<input type="text"/>			Yrs. Of Training	<input type="text"/>
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip/Postal	<input type="text"/>
E-Mail	<input type="text"/>			Cell	<input type="text"/>
Birth date	<input type="text"/>	Sex	<input type="text"/>	School	<input type="text"/>
				Grade	<input type="text"/>
Medical Info:	<input type="text"/>				
Allergies:	<input type="text"/>				

Class Level: _____

Registration Note - I agree to the following terms and conditions:

I agree to allow my child to participate in dance training and not hold Virginia Ballet Company and School or the staff responsible for any injuries my child may incur. I authorize Virginia Ballet Company and School to seek emergency medical treatment for my child in the event it becomes necessary. For the safety of my child, I certify that I have notified Virginia Ballet Company and School of any health limitations and /or food allergies of which the Virginia Ballet Company and School staff need be aware. This information is kept confidential and will not be shared with anyone other than the child's instructor, artistic director and school staff. I understand that ballet training requires corrections and that physical contact with the body in class may be necessary. I authorize Virginia Ballet Company and School to photograph, film, videotape or otherwise record the above named student and use such media in perpetuity for purposes of advertising, publicity or promotion. My signature below verifies that I have received, read, understand and agree to the terms of the Virginia Ballet Company and School's Standards of Conduct: Rules and Regulations, Dress Code, Attendance and Commitment to Class, Punctuality, Student Class Make-up, Class Level and Promotion, Class Observation, Production, Behavioral Management, Tuition and Withdrawal Policy and the Inclement Weather Policy.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____