Chronicle
DANCE THEATRE

Pre-Professional BALLET CLASSES Registration Form

Participant Information

Full Name _____ **D.O.B.**_____

Parent/Guardian Name (if under 18)_____

Address _____

Email _____ **Phone Number** _____

Emergency Contact

Name _____

Relationship _____ **Phone Number** _____

Dance Background

Years of Ballet Training_____ **Pointe**_____

Current/Most Recent School or Program _____

Any relevant injuries or health concerns _____

Payment Information

Tuition amount $200 enclosed payment method (Check /Cash / Other)

Waiver & Disclaimer

I understand that participation in dance classes and related activities with Chronicle Dance Theatre involves physical movement and carries a risk of injury. I hereby release and hold harmless Chronicle Dance Theatre, its Artistic Director, instructors, staff, and affiliates from any and all claims for injuries or damages sustained while participating in or observing any activity associated with the organization.

I grant permission for Chronicle Dance Theatre to photograph and record classes and performances for educational, archival, and promotional purposes. I understand that my image or my child's image may appear in print, video, or digital media without compensation, and I waive any rights of ownership or approval of such use.

I have read and fully understand this waiver and sign it voluntarily.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____