

McMinnville's Gallery Ballet & Tap

503-472-4886

www.galleryballet.com

~ 2017-2018 Registration Form ~

Student's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Birthday ____/____/____ Age _____

Grade in School _____ School Attending _____

Email Address: _____

(Emails are used to update parents on rehearsals, costumes, and events. Please provide an email that is checked often)

Parents Name _____ Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

How did you hear about us: FRIEND (Name?) _____

FLYER FACEBOOK PHONEBOOK WEBSITE ADVERTISEMENT DRIVEBY

Please list the Classes that you are registering for:

<i>Class / Level</i>	<i>Day</i>	<i>Time</i>

"I, or in the case of a minor, my guardian(s) or parent(s) hereby release Edwina Castle, Classical Futures, Gallery Ballet & Tap, our employees and contractors from any and all liability, claim, or responsibility for injury of loss to my person or property on account of or in any arising out of the instruction provided or the use of the facilities of Gallery Ballet and Tap in my instruction.

This release may be pleaded in bar or in abatement of any action or other proceeding brought by me or on my behalf against Edwina Castle, Classical Futures, Gallery Ballet & Tap their officers, directors, members, contractors or employees."

Photo Release

The school is hereby granted permission to take photographs of the students to use in brochures, web sites, posters, advertisements and other promotional materials the school creates. Permission is also hereby granted for the school to copyright such photographs in its name.

Parent's Signature _____

Date _____

*Classical Futures
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503-472-4886
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