

# Granbury Ballet & Dance Arts Academy

Date: \_\_\_\_\_

STUDENTS' First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age (date form completed): \_\_\_\_\_ Grade: \_\_\_\_\_

School (current): \_\_\_\_\_ Home Schooled: Yes \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address(es) *please print*: \_\_\_\_\_

Allergies / Special Needs / Medications / Pertinent Information: \_\_\_\_\_

Emergency Contact (s): \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone & Location: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CLASS: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

Number of Classes Per Week: \_\_\_\_\_

Payment Record: \_\_\_\_\_

## WAIVER

I represent that (student): \_\_\_\_\_ is in good health and physically capable of participating in any or all of the following: Dance Classes, Exercise Classes, Rehearsals, Performances. On behalf of myself and student \_\_\_\_\_, I hereby waive and release any claim against Granbury Ballet and Dance Arts Academy (hereafter titled GBDA)

