



# The School of the Boca Ballet Theatre

## 2016-2017 Adult/Open Class Registration Form

7630 NW 6<sup>th</sup> Avenue  
Boca Raton, FL 33487  
561-995-0709  
561-995-8356 fax  
www.bocaballet.org

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address(s): \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Classes you plan to take: \_\_\_\_\_

\_\_\_\_\_

In Case of Emergency Please Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **Waiver of Liability/Agreement to Pay/Media Release**

Class cards are non-refundable. Duplicates are not issued for lost cards. I, the below signed, hereby hold harmless Boca Ballet Theatre Company or any agent thereof, for any illness or injury due to participation in any class, performance or other activity associated with Boca Ballet Theatre Company. I hereby certify that I have received, understand and agree to The School of Boca Ballet Theatre Studio Policies/Regulations.

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

If under 18 Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_