



HAVERTOWN, PA 610-853-0555
WWW.KPBALLET.COM



Kristina Pulcini Ballet Academy
2011- 2012 Student Registration Form

Student's Name: _____

Date of Birth: _____ School Grade in 2011-2012: _____

Medical/Allergy Concerns: _____

Name of Parent(s)/Guardian(s): _____ Home Telephone: _____

Cell Phone 1: _____

Cell Phone 2: _____

Address: _____ City/State/Zip: _____

Dancer's Email Address: _____ Dancer's Cell: _____

PREVIOUS BALLETT TRAINING AND YEARS OF BALLETT

(IF NOT A STUDENT OF KRISTINA PULCINI BALLETT ACADEMY): _____

Class(es) Desired & Preferred Day & Time: _____

TUITION: _____

SUBTRACT 10% IF THIS ENROLLMENT IS FOR THE 2ND DANCER FROM SAME THE FAMILY - 10% \$ _____

ADD \$25 REGISTRATION FEE (ONE PER FAMILY)+ _____

TOTAL \$ _____

TO REGISTER, PLEASE RETURN THIS COMPLETED REGISTRATION FORM AND A NON-REFUNDABLE \$50 DEPOSIT, WHICH WILL BE CREDITED TOWARD YOUR 2011-2012 TUTION. IN AUGUST YOU WILL BE SENT AN INVOICE FOR THE TUTION BALANCE VIA EMAIL. PLEASE INFORM US OF NEW EMAIL ADDRESSES AS ALL KPBA CORRESPONDENCE AND INVOICES ARE SENT VIA EMAIL.



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Kristina Pulcini Ballet Academy & Liability Policy and Waiver of Release

In participating in group and/or individual classes and any other activity with and/or organized by the Kristina Pulcini Ballet Academy, I hereby waive and release all claims, liabilities, actions, damages, costs or expenses of any nature whatsoever for injuries I might sustain, know or unknown, arising out of the class or activity now or at any time in the future.

- I understand that certain ballet form and style corrections may include manual physical contact and manipulation.
- I recognize and acknowledge that there is a risk associated with participating in the instruction and performance of ballet and I agree to assume total risk of any such instruction and performance.
- I accept liability for any property damage that may occur as a result of my instruction and/or performance with or while I am on the premises of the Kristina Pulcini Ballet Academy.
- I understand and accept that no promises or guarantees are made to me, explicit or implied.

I agree to indemnify and hold harmless the Kristina Pulcini Ballet Academy or any of the Academy's instructors from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, incurred by Kristina Pulcini Ballet Academy and arising out of or in any way related directly or indirectly, to my participation in a class, and or/activity and/or performance.

I agree to the terms outlined in the Liability Policy Wavier of Release.

I agree to abide by all Kristina Pulcini Ballet Academy Policies and Regulations.

Participant's Name: _____ Date: _____

Participant's Signature: _____

If Participant is younger that 18-years-old, Parent(s) /Guardian(s) Name(s):

Parent/Guardian Signature: _____