



Registration

Name _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Mother Cell _____ Father Cell _____

Email Address _____

Age: _____ Birthdate _____

School/College Attending _____

Current Dance Studio _____

Years of Ballet ____ Ballet Level (circle) Elementary Beginner Intermediate Advanced Pointe

Type of Dance Classes Desired (circle) Pre-Ballet Elementary Ballet Ballet Modern Tap Jazz
Creative Movement Hip Hop Contemporary Other _____

Are you currently a member of a dance company? (circle) Yes No If yes, # of years _____

Non-Refundable Registration Fee of \$30 Due with Registration Form Cash ____ Check # _____

Tuition Payment Option (check one): Monthly ____ Quarterly ____ Yearly ____

Checks made payable to Viktor Yeliohin, IBA

Please mail registration and payment to **139 Springbrook Court, Lancaster, PA 17603**

Telephone inquiries, please call (717) 517-9837

Website: vyballet.com **Email:** director@vyballet.comcastbiz.net

Parent/Guardian Signature _____ Date _____

(Student's Signature if 18 years or older)

RELEASE FORM

Dancer's Information:

Student's Name (the "Student"): _____ Address: _____

Age: _____ Date of Birth: _____ City: _____ Zipcode: _____

Emergency Contact Information: *Emergency Contact's Name (Name of Legal Guardian if Student is Under 18 Years of Age):*

Home Phone: _____

Work Number: _____ Cell Number: _____ E-mail Address: _____

Medical Release: The undersigned, on behalf of the Student and/or him or herself, certifies that the Student is in good health and may participate in all activities at Viktor Yeliohin International Ballet Academy ("Viktor Yeliohin IBA"). In case of an emergency requiring medical treatment and the legal guardian (if the Student is under 18 years of age) is not immediately available, the undersigned hereby authorizes Viktor Yeliohin IBA, and/or its employees and/or agents, to obtain medical care and treatment for the Student and the undersigned accepts payment responsibility for any such care and treatment. _____ *Student's Initials (or initials of Legal Guardian if the Student is under 18 years of age)*

Liability Release: The undersigned, on behalf of the Student and/or him or herself, gives consent for the Student to participate in Viktor Yeliohin IBA programs, and is aware that dance training and the athletic exercises associated with it may place unusual stress on the body and carry the risk of physical injury that includes, but is not limited to, muscle strains and tears, broken bones, or even death. On behalf of the Student, and/or him or herself, the undersigned assumes the risk in consideration of the benefits derived from Viktor Yeliohin IBA. Furthermore, on behalf of the Student and/or him or herself, the undersigned waives all rights, causes of actions, and releases any and all claims by or from the Student that may arise against Viktor Yeliohin IBA (and/or any of its employees and/or agents) while the Student is participating in activities with Viktor Yeliohin IBA or while in the act of being transported to and from such activities (including any and all consequential damage claims which the Student and/or the undersigned may be entitled to recover from, without regard to the negligence of the parties). The undersigned does hereby agree to indemnify and hold harmless, release and discharge the building owners, and Viktor Yeliohin IBA, staff, assistants, agents, representatives, instructors, directors and/or owners. Furthermore, the undersigned agrees to provide health insurance for the Student or guarantee payment of and all medical expenses incurred as a result of Viktor Yeliohin IBA activities. _____ *Student's Initials (or initials of Legal Guardian if the Student is under 18 years of age)*

Media Release: Photographs and videotape footage of Viktor Yeliohin IBA students are sometimes used in Viktor Yeliohin IBA publications, local newspaper, television ads and on Viktor Yeliohin IBA's web page. If the undersigned, on behalf of the Student, and/or him or herself, does not wish to have the Student appear in such photographs and videotape footage, the undersigned may submit a written request to Viktor Yeliohin IBA. If no written request is received, it is understood that the undersigned, on behalf of the Student, and/or him or herself, gives Viktor Yeliohin IBA permission to use such photographs and videotape footage of the Student for such use. _____ *Student's Initials (or initials of Legal Guardian if the Student is under 18 years of age)*

The undersigned has read the above Medical Release, Liability Release, and Media Release and agrees to such Releases and all other regulations, rules, dress codes and requirements of Viktor Yeliohin IBA.

Student's Signature

(or signature of Legal Guardian if the Student is under 18 years of age)

Date