



L'Ecole De Ballet Fall Registration

64 Willow Road
Littleton, MA
(978) 486-4326A
lecoledeballet@gmail.com
www.lecoledeballet.org

Student Information: Please Print Clearly

Student Name:

Age/Date of Birth:

Current L'Ecole Student?
(Yes/No)

Parent Name(s):

Emergency Contact:
(Name/Phone #)

Email Address:

Home Address:

(City/State/Zip)

Home Phone:

Cell Phone:

Are there any medical conditions (allergies, asthma, etc.) of which we should be aware?

All Students Must Compete This Section:

Dance Background

Desired Classes: (Class Name/Level, Day, Time)

How did you hear of L'Ecole de Ballet?

A \$45.00 registration fee (per family) must accompany this form. Tuition for Term 1 is due on or before the first day of classes. Make checks payable to "L'Ecole de Ballet" Please complete this form, and mail it to: L'Ecole de Ballet, PO Box 1431, Littleton, MA 01460

The staff of L'Ecole de Ballet will make every effort to conduct classes responsibly, but will not be held responsible for any injuries incurred while in class, rehearsal, or performance. I, the undersigned student (or parent/legal guardian if student is under 18), acknowledge that there are risks involved in any physical activities. I hereby grant permission for the student listed above to participate in this program. My signature below releases L'Ecole de Ballet, its employees, or participating volunteers from any liability resulting from a student's injury while participating in dance classes, rehearsals and performances.

Student Signature (Parent/Guardian if under 18) _____ Date: _____

Please sign to give permission to use the students likeness for promotional purposes: _____