



# FIRST STATE BALLET THEATRE

## SCHOOL REGISTRATION FORM 2010-2011

Student Name \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E- Mail Address \_\_\_\_\_

Other Parent \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_

School Principal \_\_\_\_\_ Phone \_\_\_\_\_

Has the student had any serious physical injuries? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Does the student have any mental, emotional or physical conditions that might affect or impair his or her ability to participate in dance training? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Is the student allergic to any medications? \_\_\_\_\_

If yes, please list them. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Number of years of ballet training \_\_\_\_\_ Current number of classes each week \_\_\_\_\_

Significant roles, ballets, dates and venues (if new student) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please select from the following (Levels Ballet IV to Ballet VII only):

Monthly Payment \_\_\_\_\_ Quarterly Payment \_\_\_\_\_

**PLEASE NOTE:** A \$20.00 registration fee must accompany this form. Mail to: FSBT, The Grand Opera House, 818 N. Market Street, Wilmington, DE 19801  
Quarterly rates include a 3% discount. A discount of 10% is available to the second and third students from a family; the discount is applied to the tuitions of the younger students. Tuition includes costume use and rehearsal time for all FSBT performances.

In signing this registration form for myself or on behalf of a minor student, I understand that all monthly payments are due on the first day of the month and that all quarterly payments are due on the first day of the quarter. I also understand that a \$15.00 late fee will be applied to tuition if it is received after the 15<sup>th</sup> day of the month/quarter and that a charge of \$25.00 will be assessed for returned checks. Open class card fees are due upon expiration.

I understand that all classes must be made up within four weeks and that there are no refunds or deductions for missed classes. I also understand that I will be billed for any additional classes that my minor student or that I myself may take over and above what is indicated on this form.

I agree that my minor student or that I myself will abide by the rules of The School of the First State Ballet Theatre. I consent to my minor student or myself participating in the school's programs and activities.

I recognize that in spite of the care of the school and its teachers that there is a possibility of injury during classes. In the case of such an injury to myself or my minor student, I release The School of the First State Ballet Theatre, its teachers and associated personnel from all responsibility.

In the event of an injury to myself or my minor student which requires emergency medical attention, I permit the school to obtain such care and I promise to pay all associated costs upon receipt of the bill. I understand that The School of the First State Ballet Theatre is not responsible for any student outside of the studio.

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

I consent to FSBT's use of all photos and biographical information for myself or my minor student in publicity and programs.

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

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**FOR OFFICE USE ONLY**

Ballet level \_\_\_\_\_ Number of classes \_\_\_\_\_ Days of the week \_\_\_\_\_

Monthly tuition \_\_\_\_\_ Quarterly tuition \_\_\_\_\_ Family discount \_\_\_\_\_

Comments \_\_\_\_\_