



Mailing Address:
P.O. Box 99072
San Diego, CA 92169

Telephone:
858-274-6058

Studio Address:
941 Garnet Avenue
San Diego, CA 92109

Box Office Telephone:
858-272-8663

Website:
www.cityballet.org
email: info@cityballet.org

Fax:
858-272-8375

Adult Registration Form

Name _____ Date _____
(Last) (First)

Address _____ City _____ Zip _____

Phone (Home) _____ (Cell) _____

E-Mail _____

Occupation _____

Employer _____ Work Phone _____

Person to call in case of emergency _____ Phone _____

Any serious medical or emotional problems _____

Previous Dance Training (type, length of time, teacher) _____

How did you hear about City Ballet School? _____

Which classes will you be attending? _____

Annual Registration Fee of \$20 enclosed. Check # _____ Charge _____ Cash _____

Credit Card # _____ - _____ - _____ Exp. Date _____

Signature for credit card payment _____ CVV# _____

I am a new student who has registered within the last 6 months. (Month registered _____)

I wish to pay tuition: (choose one) with class cards _____ per class _____

I have read and accepted the tuition and refund policy stated on the reverse side.

I have read and signed the Waiver and Release on the reverse side.

Signature

Date

(Please see reverse side for important information and additional required signature)

For Office use only: Amt _____ Date _____ By _____ Cash/CC/Ck # _____ Receipt # _____

WAIVER AND RELEASE: I, _____, wish to attend the City Ballet School. I give my permission for the City Ballet staff to call a doctor or the one listed below in the event of an emergency and I will assume all financial costs incurred. I recognize the risks of illness and injury inherent with any dance exercise program and I wish to participate in City Ballet School's program upon the express agreement and understanding that I am waiving and releasing the School and/or staff from any and all claims, costs, liabilities, expenses, judgments, including attorney's fees and court costs (herein collectively "claims") arising out of my participation in any event or program given or sponsored by the School and/or Company and any illness or injury resulting therefrom. I hereby further agree to indemnify and hold harmless the School and/or Company from and against any and all such claims except claims proximately caused by the gross negligence or willful misconduct of the School and/or Company.

Signature _____ **Date** _____
(Required)

(Optional) Doctor's Name _____ (Doctor's Phone) _____

School Policy

1. Payment for classes is due and payable in advance. Tuition may be paid per single class or by purchasing class cards. Class cards may be used for Open Classes or by adults only. Class cards expire 6 months from the date of purchase.
2. Tuition is **not** refundable or transferable.
3. All classes are subject to change and the management reserves the right to engage a qualified substitute teacher when the regular teacher cannot attend.
4. CITY BALLETS SCHOOL observes these pre-scheduled holidays: Labor Day, Thanksgiving Day, two week Christmas vacation, Martin Luther King Day, Easter Sunday, Memorial Day, and July 4th.