



# STUDIO DIVISION REGISTRATION FORM UNDER 18 YEARS OF AGE

First Class \_\_\_\_\_

### STUDENT INFORMATION - please print clearly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student is:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Downtown  
Campus**

**Johnson  
County  
Campus**

### MOTHER/GUARDIAN INFORMATION:

Name: \_\_\_\_\_

Phones: Cell ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### FATHER/GUARDIAN INFORMATION:

Name: \_\_\_\_\_

Phones: Cell ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Student resides with (at above address):  Mother  Father  Guardian

RETURNING STUDENT:  Yes  No

How did you hear about KCBS? Please check all that apply.

Brochure  Ad in \_\_\_\_\_  Website  Word of Mouth  Current Student  Plaza Art Fair  Other \_\_\_\_\_

## PLEASE SIGN LIABILITY WAIVER/PHOTOGRAPHY RELEASE

### Kansas City Ballet School Studio Division

**Please read carefully before signing. This is a release of liability and waiver of certain legal rights.**

I, \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant, agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Kansas City Ballet School (KCBS) and hereby agrees to indemnify and hold harmless KCBS, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the KCBS. The participant also agrees to indemnify KCBS for any damages incurred arising from any claims, demand, action or course of action by the participant. The participant authorizes any representative of KCBS to have the participant treated in any medical emergency during their participation in activities of the KCBS. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

### PHOTOGRAPHY/VIDEOGRAPHY RELEASE

As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Kansas City Ballet and/or its representative, agent or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the school director.

Student's name (please print) \_\_\_\_\_

Parent/ Guardian (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**You may register in person the day of your first class by bringing this registration form to the front desk.**

Downtown - 500 W. Pershing Rd., Kansas City, MO 64108 OR

Johnson County - 5359 W. 94th Terrace, Prairie Village, KS 66207

**FOR MORE INFO:** Phone: 816.931.2299 | Toll-Free: 888.968.2538 | school@kcballet.org | www.kcballet.org