



Please list two individuals to be contacted if an emergency were to occur and parent or guardian could not be reached.

Name and Relation	Name and Relation
Phone 1	Phone 1
Phone 2	Phone 2

Name of Doctor \_\_\_\_\_

Location \_\_\_\_\_ Phone \_\_\_\_\_

By signing below, I understand and agree with the Tuition Policy, Waiver of Liability, and Photo Release of MetroWest Ballet as follows:

**Tuition and Tuition Policy**

Tuition is \$920.00 for the three week session. Fifty percent of the tuition must be submitted with the registration form by April 15, 2009.

If the applicant withdraws and notification is received in writing before May 15, 2009, tuition will be refunded minus a \$200.00 non-refundable reservation fee. After that time no refunds are given. Students who miss class due to illness or personal conflict are not entitled to a refund or make-up session.

The balance of the tuition must be submitted by June 15, 2009. Students will not be admitted into class without receipt of full tuition.

**Waiver of Liability**

I agree that I will not hold the MetroWest Ballet, Inc., its owners, faculty, employees or contractors liable for any injuries sustained or illnesses contracted by me or by my registered student(s) while at MetroWest Ballet, participating in any classes, or in any MetroWest Ballet associated activity, including performances. In the event that MetroWest Ballet personnel deem medical attention necessary and parents cannot be reached, I understand that the Emergency Contact information on the Registration Form will first be used. If no contact can be made, I give my permission for MetroWest Ballet personnel to authorize transportation and/or treatment in my behalf and for which I will be financially responsible.

MetroWest Ballet, Inc., its owners, faculty, employees or contractors are not liable for loss of or damage to personal property.

As with any physical activity, a risk of injury exists. Each student may decline to participate in any activity that may be personally harmful and is also responsible to inform the instructors of any physical limitations that may prevent full participation in class. I understand the risk of injury increases with poorly fit or improper equipment, and that I am responsible for adhering to the dress code and providing proper equipment for myself or for my child.

**Photo Release**

I give MetroWest Ballet permission to use any photograph of my child taken in class, rehearsal, or on the premises at MetroWest Ballet studios or during any MetroWest Ballet dress rehearsal, performance, or event for promotional purposes.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date