



254 1st Ave NW
Hickory, NC 28601
www.louisnunneryschoolofballet.com
Email: Louisnunneryballetschool@gmail.com

General Information: (PLEASE PRINT)

STUDENTS NAME _____ AGE AS OF SEPT 1 _____ DOB _____

SCHOOL ATTENDING _____ GRADE _____

PARENT or PARENTS NAME _____

WITH AREA CODES PHONE (H) _____ WORK _____ CELL _____

EMAIL ADDRESS _____

Mailing Address:

STREET _____

CITY _____ ZIP CODE _____

Billing Address if Different than Mailing Address:

STREET _____

CITY _____ ZIP CODE _____

Medical Information and Emergency Contact:

Are there any medical conditions that we should be aware of for you or your child's safety? If none, please notate that

EMERGENCY CONTACT _____ PHONE # _____

PHYSICANS NAME _____ PHONE# _____

Years of dance studied _____ Studio(s) studied with _____

Class Assignment Requesting:

CLASS NAME _____ DAY _____ TIME _____

CLASS NAME _____ DAY _____ TIME _____

We reserve the right to potentially move you or your child to an appropriate class or classes based on your or their technical abilities. Age is taken into consideration but is not a sole factor in our decision.

WAIVER AND RELEASE FROM LIABILITY FOR THE LOUIS NUNNERY SCHOOL OF BALLET

I, _____, said parent and/or legal guardian (print name) have chosen to enroll myself or my child _____ (print name) in the Louis Nunnery School of Ballet and understand and acknowledge the activities that I or my child shall participate and receive. I attest that I or my child is in good physical condition and capable of participating in all activities and events.

I, _____, hereby release Louis Nunnery School of Ballet and its agents from all and any claims, demand, and cause of action, liabilities, expenses, judgment, including attorney fees and court cost as a result of my or my child's voluntary participation and enrollment in this program.

I fully understand in the event I or my child injures themselves as a result of my or their enrollment and subsequent participation in this program I, _____, hereby release Louis Nunnery School of Ballet and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, ankles or any other illness or soreness that I or my child may incur, including death.

Medical Release: I give permission for the Louis Nunnery School of Ballet, owners, staff and or facility to release and administer medical care but not limited to the EMS, a Medical Doctor and/ or hospital in the event of an emergency. I accept full responsibility for all cost of said medical care and or emergency treatments. I waive all claims whatsoever in connection with such medical treatments.

Personal Property Release: I understand and acknowledge the Louis Nunnery School of Ballet is not responsible for any lost, stolen or damaged personal property. It is up to you and or the child to look after his/her belonging accordingly.

Photography/Video Release: I understand and acknowledge that any pictures, videos, media or images of me or my child that is taken either by Louis Nunnery School of Ballet or any such materials given to the school by any outlet can be used but not limited to recital programs, advertising, new papers, demonstrations and or any public relations events or projects and that I have no rights to the same and will not be compensated for the same.

My authorization and signature is my agreement to all terms and conditions. I attest, I am of lawful age and competent to sign this waiver and release form.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND ANY AND ALL ABOVE STATEMENTS.

_____ Date _____

Signature of Participant or Parent or Legal Guardian

Printed Name