



BALLET BELLEVUE

Ballet Bellevue School

204 100th Ave NE

Bellevue, WA 98004

425-455-1345

www.balletbellevue.org

Registration Form School Year 2010/2011

Student First Name: _____ Student Last Name: _____

Date of Birth: Month _____ Day _____ Year _____ Age at Registration: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Annual BBS Registration: \$25 (\$40 family maximum)

Tuition (Youth Programs): Full year payment by September 25th earns 20% discount.

5-payment plan due first class of September, November, January, March, May to avoid 5% late fee.

waiver of registration for tuition paid by July 1st (full year or payment #1)

A \$45 fee will be charged for returned checks.

I understand that all registration and tuition fees are non-refundable and that enrollment for youth programs extends from date of registration through end of school year.

I freely and knowingly assume all risks incidental to participating in BALLET BELLEVUE and Ballet Bellevue School and I hereby waive any rights, claim or course of action against BALLET BELLEVUE and Ballet Bellevue School, their officers, directors, employees or agents, releasing them from any liability arising out of an injury, direct or indirect. I also give my permission to be photographed/videotaped and allow BALLET BELLEVUE and Ballet Bellevue School to release said photos/videos for publicity and fundraising purposes.

Signature: _____
(parent/guardian if under age 18)

Today's Date: _____

FOR STUDENTS UNDER AGE 18: PARENTS' FIRST AND LAST NAMES

(Please print)

(Please print)

How did you hear of BB/BBS? _____

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