

ADULT
Registration Form- FY08

Name _____

Address #1: _____

Address #2: _____

E-Mail (Optional): _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Information

1. _____ Phone: _____

2. _____ Phone: _____

List any medical conditions: _____

Class Information

Class Name and Level	Day	Time	Adult Class Card Size	Tuition
				\$
				\$
				\$
				\$
				\$
			Total	

After the **first week** of the trimester, **no** tuition refunds, credits or transfers will be permitted. There will be a \$25 charge for all checks returned to the office due to insufficient funds. Tuition payments are **non-refundable**. In circumstances such as injury or long-term illness, school credit will be offered upon a written physician notification. School credit is valid for **one** year after issue and is **non-transferable**. BNE reserves the right to cancel any class due to low enrollment. In the event this should happen, a full refund will be given.

Waiver of Liability: Ballet New England is not responsible for belongings left in the studio. We cannot be held liable for any injuries incurred to students and/or parents during classes or while on school premises. We are not responsible for students once they leave the school premises. I agree that I will not hold Ballet New England and/or The Center for Dance Education, it's officers, Board of Directors, agents, and/or employees of either liable for any of the above circumstances.

Signature _____ Date: _____