



SUNNYSIDE BALLET STUDIO

Address: 49-02 Queens Blvd 4th floor

Woodside, NY11377 Phone: 646 831-0943

www.sunnysideballet.com Email: sunnysideballet@gmail.com

SUNNYSIDE BALLET STUDIO REGISTRATION FORM

Student Information

Student Name _____ Birth Date _____

Parent Name _____ Age in Years _____ months _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Parent Email _____

Emergency Contact _____ Phone _____

Relationship to Student _____

Medical Conditions or allergies we should know? _____

If your child were to appear in a group or individual photo taken on our premises are we free to use it for advertising purposes? Yes _____ No _____

Class Information

1st Class level _____ Day & Time _____

Teacher(s) _____ Tuition _____

2nd Class level _____ Day & Time _____

Teacher(s) _____ Tuition _____

Payment Information

Tuition: Tuition is due on the 1st of each month. Written request to withdraw must be received by the 1st of the month in order to cancel the monthly payment.

Missed classes can be made up by making appointment via email. Maximum of SIX make-ups are allowed per year. Make-ups can not be carried over to a new year.

Waiver of liability, Medical Authorization

COVID -19 Risk: I acknowledge the contagious nature of Covid-19 and other virus and assume the risk that I /or my children may exposed to or infected by Covid -19 by attending and participating in dance classes. I release Sunnyside Ballet Studio, its faculty and staff form liability pertaining Covid-19 and other contagious disease and viruses.

I hereby agree to waive any claims or rights that I might otherwise have to sue Sunnyside Ballet LLC, our employees or owners for injuries that may occur as a result of any activity conducted at Sunnyside Ballet. I assume all liability and risk. If injury should occur to the above named while participating in any Sunnyside Ballet activity, I hereby authorize Sunnyside Ballet to make use of my insurance policy. I understand that payment will be made directly to the doctor or hospital. Should the insurance not make full payment, I will accept the remainder of the responsibility.

Parent / Guardian's Signature _____ Date _____