



136 Hood Street; McDonough, GA 30253
770-820-7810 www.diblasiballet.com giselle@diblasiballet.com

Registration Form SIX WEEK Spring Session 2024: April 16 - May 21

Dancer's Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Home Phone #: _____

E-mail address: _____

Mother or Guardian

Name: _____

Occupation: _____

Cell #: _____ Work # _____

Emergency Contact: _____

Allergies, Special Needs, etc: _____

How did you hear about us? _____

Father or Guardian

Name: _____

Occupation: _____

Cell #: _____ Work # _____

Phone: _____

Enrollment Information: Program (please check one)

- | | | |
|----------------------------|--------------|---------------------|
| _____ Tuesdays 5:00-6:00pm | Ages 3-6 | Ballet & Tap Combo |
| _____ Tuesdays 6:00-7:00pm | Ages 7-9 | Ballet & Jazz Combo |
| _____ Tuesdays 7:00-8:00pm | Ages 10 & Up | Ballet |

Registration Fee: \$40 **6 Week Tuition:** \$112

Uniform:

- Leotard: Light Pink, Any Style, and Brand
- Tights: Capezio Ultra Soft #1916 in Ballet Pink
- Ballet Shoes: Any Pink Leather Ballet Shoes (full sole or split sole)
- Tap Shoes: Any Black Tie Tap Shoes **OR** Jazz Shoes: Any Tan Slide on Jazz Shoes

*We will offer no refund or deduction for missed classes, but encourage students to make-up missed classes.
*\$35 will be charged for any returned checks. Withdrawals require a written notice 30 days prior.

RELEASE OF LIABILITY: I do hereby release the Giselle DiBlasi School of Ballet and its staff from any liability occurring on or around studio premises, or at any function held at other locations in connection with the dance classes in which the above named student is enrolled. I declare that the student is in good health and can participate in dance education classes. Given the nature of dance classes, and with the knowledge that injuries sometimes might occur, I have taken the necessary steps to obtain accident, health or hospitalization insurance, which would cover any sustained injury. In the event of an injury or emergency when I cannot be contacted, I give my permission for you to obtain medical services for the above named student. I give permission for Giselle DiBlasi School of Ballet to use photos of my child on their website or other publicity regardless of the dancer's present or future status.

Parent or Guardian Name: _____

Signature: _____ Date: _____