

**Student Registration Form**

Name: Age: Birthday:

Address:

Parent/Guardian: Phone:

Cell Phone: Email:

Emergency Contact: Phone:

Medical Alerts:

Classes & Times:

**Release by Student, Parent or Legal Guardian**

 (Student)

and (Parent or Legal Guardian if necessary) give my permission for said student to participate in classes, performances, and activities sponsored in conjunction with Petra Ballet Company.

Said student and Guardian do further expressly release and discharge Petra Ballet Company, Kim Raymond both individually and doing business as Petra Ballet Company, and all teachers, other students, and persons affiliated therewith from any and all claims of any nature for injury or loss which may result from said Student’s participation in such activities.

 Signature of Student/Parent/Legal Guardian Date