

LEXINGTON SCHOOL OF BALLET

School Year 2024-25 Registration

September 4, 2024 - June 14, 2025

Please complete both pages of this form and return with your tuition to Lexington School of Ballet, 1403 Massachusetts Ave, Lexington, MA 02420. **We accept payments by cash or check only.** Thank you!

Student #1 _____

Date of Birth _____ / _____ / _____ School Grade Fall 2024 _____

Prior Experience (new students only) _____

Please note any health issues LSB should be aware of: _____

Student #2 _____

Date of Birth _____ / _____ / _____ School Grade Fall 2024 _____

Prior Experience (new students only) _____

Please note any health issues LSB should be aware of: _____

Parent (Primary Contact) _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Emergency Contact (other than primary contact) _____

Relation to Student _____ Phone _____

Please clearly print the email address(es) where you would like to receive LSB communications:

Student	Class Name	Day(s)	Time(s)	Hours/Week
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Class Hrs/Wk _____

Tuition \$ _____

*Munroe Center Fee + \$ _____

Total Due \$ _____

*Mandatory annual Munroe Center Building Restoration Fee is **\$40 per student**, and **\$100 maximum for 3 or more siblings**. Or, please indicate if you have paid this fee to another program in the Munroe Center for the 2024-2025 school year.

PLEASE COMPLETE SIDE TWO >>

**LEXINGTON SCHOOL OF BALLET, INC.
PARTICIPANT RELEASE & WAIVER OF LIABILITY**

PLEASE CAREFULLY READ AND SIGN BELOW. REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED PRIOR TO STUDENT'S FIRST CLASS.

Waiver and Release:

I understand that the Lexington School of Ballet, Inc. is accepting me or my child as a student. I realize that there are certain dangers and risks of physical injury associated with, arising out of, and inherent to the art of dancing and activities related thereto. I certify that I am in proper physical condition to take part in dance classes and other activities related thereto.

By signing this Participant Release & Waiver of Liability, I voluntarily release Lexington School of Ballet, Inc. and its directors, officers, owners, instructors, employees, volunteers, associates, and agents (collectively "LSB") from any liability or claim that I or my representatives may have against LSB with respect to any bodily injury, personal injury, illness, death, or property loss or damage that may result from my participation at LSB. I agree to protect, indemnify, defend, and hold LSB harmless from and against any claim for liabilities, losses, costs, expenses (including reasonable attorneys' fees), damages, or injuries arising out of or in any way relating to my participation in dance classes, camps, intensives, workshops, performances, troupes, the use of LSB equipment or facilities, and any other activities associated with LSB.

Emergency Medical Proxy: (REQUIRED. Please select one option and sign.)

Name of health plan provider _____

Membership Number _____

OR

I do not authorize the Lexington School of Ballet to consent to medical treatment for my child and therefore agree that I or my representative will remain outside the classroom during my child's class.

Photography/Video Release:

I understand that LSB may take photographs and video recordings of my child or me during participation in LSB dance classes, camps, intensives, workshops, performances, troupes, and other activities. I convey to LSB full rights and interest in these photographs and recordings. I understand such photographs or video recordings may be used for the purposes of class photos, performance photos/videos, brochures, marketing materials or other published materials, physical or virtual.

IF THE STUDENT IS A MINOR, I CERTIFY THAT I HAVE FULL LEGAL AUTHORITY TO SIGN THIS PARTICIPANT RELEASE & WAIVER OF LIABILITY ON THEIR BEHALF. I HAVE READ, UNDERSTOOD, AND AGREE TO BE BOUND BY THE ABOVE STATEMENTS:

Student's Name: _____ Age: _____
(Print)

Parent/Legal Guardian's Signature: _____ Date: _____
(If Student is under 18)

Parent/Legal Guardian's Name: _____ Phone: _____
(Print)

Student's Signature: _____ Date: _____
(If Student is 18 or older)