



Ballet Idaho Academy Adult Registration

Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone

Home _____ Work _____ Cellular _____

E-mail _____

Form of Payment

Check # _____

Credit Card Visa _____ Master _____

Card # _____

Exp Date _____/_____/_____

Mail your payment to: Ballet Idaho 501 S. 8th St. Suite A Boise, ID 83702
Phone: 343-0556 – Fax: 424-3129

Open Teen/Adult classes are based on a card system of payment. Cards expire six months after date of purchase and are non-refundable. Good for any Open Teen/Adult class.

Single class \$ 15	
5 classes	\$60
10 classes	\$110
15 classes	\$150
20 classes	\$200

MEDICAL CONSENT: In the event of injury, I hereby authorize the program officials of the Ballet Idaho Academy to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the Ballet Idaho Academy and all others from all liability in taking action, including all action which may be contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

LIABILITY RELEASE: I do hereby agree to release the Ballet Idaho Academy and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in this program.

PHOTO RELEASE: I, the undersigned, hereby give Ballet Idaho, its agents, and/or assignees permission to use the photographs, motion pictures or any reproductions of the above student's physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negatives, and copies. I waive the right of prior approval to any finished products, advertising copy, or other matter or use that may be applied, and hereby release Ballet Idaho, it agents, and/or assignees from any and all claims from damages of any and all kinds based on the use of said material.

Signature of Participant (Parent/ Guardian if student is under 18)

Date