

2010-2011 BALLET ENTRY FORM

NAME	AGE	DATE OF BIRTH
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PARENT'S NAME	TELEPHONE (HOME)	(WORK)	(CELL)
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EMAIL ADDRESS	STUDENT CELL	YES	NO
		TEXT MESSAGE	

MAILING ADDRESS	CITY	ZIP
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YEARS OF BALLET	TIME OUT OF SCHOOL	GRADE ENTERING
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SCHOOL	EARLIEST TIME AVAILABLE
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\$10.00 REGISTRATION FEE	RECEIPT NO.
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PER MONTH \$35.00 OR \$45.00	RECEIPT NO.
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By signing below you give your child permission to take a class provided by BRD and Dance Instructor. You also understand and agree to the class policy as stated.

Parent or guardian signature

Payable to: Brookhaven Recreation Dept.

Over

RELEASE BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR
PARENT
GUARDIAN OF THE MINOR CHILD _____ WHOSE
BIRTHDAY IS child _____.

BIRTHDAY
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN
AND ITS DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO
PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

BALLET

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY,
(OR ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD
MAY EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR
ATTENDING A RECREATIONAL ACTIVITY SPONSORED, OPERATED OR
CREATED BY SAID CITY AND DEPARTMENT. I FURTHER RECOGNIZE AND
ACKNOWLEDGE THAT THE SAID CITY AND DEPARTMENT WILL PROVIDE
NO HEALTH AND ACCIDENT INSURANCE FOR MY CHILD TO COVER MY
CHILD FROM BODILY INJURY HE/SHE MAY SUFFER WHILE PARTICIPATING
IN THE CITY AND DEPARTMENT RECREATIONAL ACTIVITIES.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS
TERMS.

SIGNED _____

DATE _____