2019-2020 BALLET ENTRY FORM

Class time

NAME	AGE	DATE OF BIRT	H
PARENT'S NAME			
TELEPHONE	(HOME)	(WORK)	
		YES	NO
MOTHER CELL	FATHER CELL	(TEXT)	
MAILING ADDRESS		CITY	ZIP
EMAIL ADDRESS	YEARS OF BALLET		
SCHOOL	GRADE ENTERING	EARLIEST	T TIME AVAILABLE
\$10.00 REGISTRATION	FEE (due with form)	RECEIPT NO.	
FEE PER MONTH	RECEIPT NO.		

Payable to: Brookhaven Recreation Dept.

First Class - Monday August 19, Thursday, August 22 Fee: Age 3-4 - \$45.00 Age 5-7,8-10 - \$50.00 Age 11 & up - \$60.00

Other fees during the year - Recital fee, costume fee \$50.00-\$100.00(depending on class)

Attire: Pink tights, pink leather ballet shoes

Leotard: Preballet pink, all others black.



RELEASE, PHOTO AGREEMENT,	PAYMENT AGREEMENT BY PARENT OR GUARDIAN
	, AM THE NATURAL PARENT AND/OR
PARENT GUARDIAN OF THE MINOR CHILD	WHOSE BIRTHDAY IS
BIRTHDAY BY VIRTUE OF AND IN CONSIDERA	ATION OF THE CITY OF BROOKHAVEN AND ITS
DEPARTMENT OF RECREATION AI	LOWING MY MINOR CHILD TO PARTICIPATE IN THE
FOLLOWING RECREATIONAL ACT	IVITY, TO-WIT:
BA	ALLET
I DO HEREBY, ON BEHALF ON MY	MINOR CHILD, RELEASE SAID CITY AND
DEPARTMENT FROM ANY RESPON	ISIBILITY FOR ANY HARM OR INJURY, (OR ANY LIABILITY
WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY EXPERIENCE OR SUFFER FROM
WHILE PARTICIPATING IN OR ATT	ENDING A RECREATIONAL ACTIVITY SPONSORED,
OPERATED OR CREATED BY SAID	CITY AND DEPARTMENT.I FURTHER RECOGNIZE AND
ACKNOWLEDGE THAT THE SAID O	CITY AND DEPARTMENT WILL PROVIDE NO HEALTH AND
ACCIDENT INSURANCE FOR MY C	HILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE
MAY SUFFER WHILE PARTICIPATI	NG IN THE CITY AND DEPARTMENT RECREATIONAL
ACTIVITIES.	
I HAVE READ AND UNDERSTOOD	THE ABOVE RELEASE AND AGREE TO ITS
TERMS. THE RECREATION DEPAR	TMENT HAS PERMISSION TO USE ANY PHOTOGRAPHY
TAKEN DURING THE CLASSES FOR	R PUBLICITY PURPOSES. I AGREE TO PAY MONTHLY
TUITION UNTIL I HAVE NOTIFY TH	HE RECREATION DEPT. IN WRITING. I HAVE READ AND
AGREE TO THE BROOKHAVEN REC	CREATION DEPARTMENT POLICY THAT IS ATTACHED.
SIGNED	DATE