





1124 Corporate Drive • Holland, Ohio 43528 • 419 861-0895  
website: www.ballettheatreoftoledo.org • email: info@ballettheatreoftoledo.org

**Summer 1 Registration: DEADLINE: May 20<sup>th</sup>**

June 3<sup>rd</sup> -July 18<sup>th</sup>, 2024

**e-mail registrations to: [info@ballettheatreoftoledo.org](mailto:info@ballettheatreoftoledo.org) or drop-off**

**Student Information**

Name \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Family email address \_\_\_\_\_

**Parent Information**

Parent #1 \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Parent #2 \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

**Classes**

Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Method of payment: check \_\_\_\_\_ cash \_\_\_\_\_ credit card \_\_\_\_\_ use card on file \_\_\_\_\_

We accept the following credit cards: Visa, Mastercard and Discover.

Name on the card \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Verification Number \_\_\_\_\_

Add \$17 per class for Monday, Thursday adult class (July 22, 25)

**Please read the following:** I am aware that ballet dancing, stretching and other activities associated with your participation, places unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the **Ballet Theatre of Toledo**, its Board of Trustees, the faculty, volunteers, and any of the chaperones and agents of the **Ballet Theatre of Toledo** shall not be liable in any way and released for any injuries sustained during attendance at the school or any of its related functions for any act which might constitute a claim for negligence. I further understand that my child, at all times, is responsible for his/her personal belongings and I accept full responsibility for loss of personal items whether lost, damaged or stolen.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_