



STUDENT'S INFORMATION

Last _____ First _____ Middle _____
Birthdate _____ Age _____
Shirt Size _____
Last _____ First _____ Middle _____
Birthdate _____ Age _____
Shirt Size _____

SUMMER CAMP REGISTRATION FORM

Please Print Carefully

STUDENT'S ADDRESS

Street _____
City _____ Zip Code _____
Home Phone _____

PARENT INFORMATION

Mother: Last Name _____ First _____
Home Phone _____
Cell Phone _____
Email Address _____

Father: Last Name _____ First _____
Home Phone _____
Cell Phone _____
Email Address _____

AUTHORIZED PICK-UP (other than parents)

Name _____ Relationship to Student _____
Phone: Home _____ Work/Cell _____
Name _____ Relationship to Student _____
Phone: Home _____ Work/Cell _____

WHO'S RESPONSIBLE FOR PAYING FEE

Name _____ Relationship to Student _____
Address (if different from above) _____
City _____ Zip Code _____
Home Phone _____ Work Phone _____
Cell Phone _____

FOR EMERGENCY: CLOSEST RELATIVE

Name _____ Relationship to Student _____
Address _____ City _____ Zip Code _____
Home Phone _____ Work Phone _____
Cell Phone _____

HOW DID YOU HEAR ABOUT EUFRAZIA SCHOOL OF BALLET?

Live in neighborhood Friend or relative Yellow Pages yp.com - Yellow Pages ONLINE
 Other (please describe _____)



RELEASE FORM

STUDENT'S NAME: _____

I certify that I am / my child is in proper physical condition to take part in ballet class. I realize that there are certain risks possible in the art of dancing. I agree to assume the risk of all injuries that may arise from my / my child's participation in the ballet classes at Eufrazia School of Ballet.

In consideration of the above, I hereby release and hold harmless Eufrazia School of Ballet, its teachers and Director from and against any liability or claim for any loss of property, injury, misadventure, harm, cost or damage sustained as a result of my / my child's participation in classes at Eufrazia School of Ballet.

I have read this release and understand its meaning.

Print Name _____ Relationship to Student _____

Signature (Parent/Guardian if under 18) _____ Date _____

If you / your child has any medical conditions (including food allergies) that you feel your / your child's teacher should be aware of, please list them here:

In case of emergency, please contact:

Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____

HOME OF THE STORYBOOK BALLET

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