

# New Bedford Ballet Adult Registration Form

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name

\_\_\_\_\_ Street Address City/Town Zip Code

\_\_\_\_\_ Cell Phone Work Phone

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

Pertinent medical history/allergies: \_\_\_\_\_

Email: \_\_\_\_\_ (email is for cancellation of class and notification of events)

I agree to let New Bedford Ballet send me emails \_\_\_\_Yes \_\_\_\_No

New Bedford Ballet has my permission to use my photo/video: \_\_\_\_Yes \_\_\_\_No

**I will be attending ALL classes at New Bedford Ballet** \_\_\_\_\_ **I will be attending ALL classes virtually** \_\_\_\_\_

I am able to help New Bedford Ballet with:

\_\_\_\_Performances \_\_\_\_ Fundraisers \_\_\_\_ Maintenance \_\_\_\_ Sewing \_\_\_\_ Grants \_\_\_\_ IT/Computer  
\_\_\_\_ Carpentry \_\_\_\_ Music \_\_\_\_ Photography/Videos \_\_\_\_ Drawing/Graphics \_\_\_\_ Marketing  
\_\_\_\_ Accounting \_\_\_\_ Legal \_\_\_\_ Lighting/Sound System \_\_\_\_ Other Skills \_\_\_\_\_

## Waiver

- New Bedford Ballet reserves the right to cancel class and/or substitute teachers when it feels appropriate.
- I understand that I will be held fully responsible for accident insurance for myself and will not hold New Bedford Ballet or any of its faculty and staff responsible for injury sustained during or as the result of classes.
- New Bedford Ballet reserves the right to dismiss a student from the school.
- I have read New Bedford Ballet's School Policies (available at [www.newbedfordballet.org/policies](http://www.newbedfordballet.org/policies)) and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date