

INTERNATIONAL BALLET ACADEMY 2017-2018 Registration Form

Student Name:			Birthday:	Age:	
	First	Last			
Home Phone:	Preferred contact Email:				
Street Address:			_ City	Zip	
Mother/Guardian: _			Cell:	Work:	
	First	Last			
Father/Guardian:			Cell:	Work:	
	First	Last			
Parent/Guardian En	nail(s):				
Emergency Contact:			Phone:		
Academic School: _		Medic	al Conditions:		
Classes	Da	ny/Time	Tuition	Office Use	
	Release: By i			the unlimited right to use	
			_	use of IBA. By initialing	
this release, parent/gu the above described m		es any and all pres	ent or future compe	nsation rights to the use of	
	` '	basis and is nonr	efundable. First trir	nester is due upon	
registration, second tr				-	
		_		117. There is a one time	
				ts are non-refundable. A	
detailed description of		_		· ·	
C, 1		_		olicies listed in the IBA	
Handbook. A copy of t				all claims against IBA	
				an cianns against 1DA ily injury, student property	
loss or damage occurr	•	_	_		
Student participation					
injury associated with				F	