

# Portsmouth School of Ballet

## Registration Form

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number Home \_\_\_\_\_ Work \_\_\_\_\_

Desired Class/Day/Time \_\_\_\_\_

Tuition Cost (cash & check only) \_\_\_\_\_

Prior Dance Experience?

\_\_\_\_\_

How did you hear about the Portsmouth School of Ballet?

\_\_\_\_\_

\_\_\_\_\_

The student shall indemnify, hold harmless, and defend the Portsmouth School of Ballet, agents and employees, except in the cases of willful negligence or misconduct on their part against any or all claims, actions or suits brought for damages or alleged damages resulting from any injury to person to property or loss of life sustained by any person or persons in or about the premises: and of and from any and all liability, loss, and expenses, including reasonable legal expenses, arising from injury to person or property of any and every nature and for any matter arising from the occupation and use of premises by the students.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**BRING OR MAIL TO:**

Portsmouth School of Ballet  
95 Brewery Lane Unit 5A  
Malt House Exchange  
Portsmouth, NH 03801

**OR FAX TO:**

603-436-5993