

# Columbus City Ballet School & Conservatory

## Registration Form 2020-2021

**Registration Fee: \$45.00**

**Early Bird Registration: \$35.00 before 7/30/2020, two children in the same family \$60.00**

To speed registration, print this page. And mail it or bring in your registration form with payment to the Columbus City Ballet School.

763 Radio Drive, Lewis Center, Ohio 43035

phone: 614 841-9399 or 614-384-0222

Student's Name \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ages \_\_\_\_ Grade in School \_\_\_\_\_  
Parents Name \_\_\_\_\_  
Home Address \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Father's Occupation \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Home Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
In case of Emergency Please Contact (If Parent or Guardian not available)  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Previous dance School \_\_\_\_\_  
How many year of training \_\_\_\_\_ Registration fee \_\_\_\_\_  
How did hear about us \_\_\_\_\_ Total \_\_\_\_\_  
New Student \_\_\_\_\_ Returning Student \_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_\_  
Visa/MC/A. Exp \_\_\_\_\_

### Check Classes /Division You Are Taking:

#### Children General Division (One class a week)

Pre- Ballet \_\_\_\_\_ Primary Ballet \_\_\_\_\_ Primary Ballet /Tap \_\_\_\_\_ Beg Ballet \_\_\_\_\_

#### Progressive Division ( 2-3 classes a week)

Ballet 1A \_\_\_\_\_ 2A \_\_\_\_\_ Ballet 3A \_\_\_\_\_ 6 A \_\_\_\_\_ Flexibility/Strengthening Class \_\_\_\_\_

#### Pre Professional Training and Division (8-12 classes a week)

PP 6 & 7 Technique \_\_\_\_\_ Pointe \_\_\_\_\_ Pre Pointe \_\_\_\_\_ Production/Variation \_\_\_\_\_  
Flexibility \_\_\_\_\_ Contemporary Dance \_\_\_\_\_ YAGP Competition \_\_\_\_\_  
YAGP Competition \_\_\_\_\_ Master Class \_\_\_\_\_ Contemporary Dance \_\_\_\_\_

#### Waiver of Liability/Agreement to Pay/Media Release

The below signed. Hereby hold harmless Columbus City Ballet School or any agents thereof, for any illness or injury due to participation in any class, rehearsals and performance, or other activity associated with Columbus City Ballet School. I hereby certify that I agree to the CCBS Policies and Regulation. In addition, I give permission for photographs or television footage which may include my child for any media publication concerning CCBS.

Signature: \_\_\_\_\_ Parent \_\_\_\_\_ Date \_\_\_\_\_