

**Salish Sea Ballet Registration Form and Waiver
Jeanne Marie Peihl, Owner & Artistic Director**

Student's Name _____

Address _____

Date of Birth _____ Email _____

Home Phone _____ Cell Phone _____

Medical Info (Allergies, Chronic Illnesses/Injuries, etc) _____

Emergency Contact Name _____

Emergency Contact Phone(s) _____

If student is under 18, please provide the following:

Parent 1 Name _____

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

Email _____

Parent 2 Name _____

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

Email _____

I agree to allow my child (or myself, if I am over 18) to participate in dance training and not hold Jeanne Marie Peihl or Salish Sea Ballet responsible for any injuries my child or I may incur. I authorize Jeanne Marie Peihl to seek emergency medical treatment for my child or myself in the event it becomes necessary. For the safety of my child or myself, I certify that I have notified Jeanne Marie Peihl of any health limitations and/or allergies of which she need be aware. This information is kept confidential and will not be shared with anyone other than staff members hired by Salish Sea Ballet to teach my child or myself. I also consent to the use of photos of myself or my child for promotional purposes on Salish Sea Ballet materials. My signature below verifies that I have received and agree to the Policies & Important Information document.

Signature _____ Date _____

(Parent must sign if student is under 18)