

**Yahweh Ballet Registration Form**

**\$25 Registration Fee – Payable to Dance for Joy**

**www.yahwehballet.org sandyarena@yahwehballet.org 585-350-9012**

**Mail Completed Registration Form and Registration Fee To:**

**PO BOX 186, Pittsford, NY 1534**

Class Choice/Choices: \_\_\_\_\_

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Participant Grade \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

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

Email – PLEASE PROVIDE – HELPFUL TO US TO REACH YOU!!!!

\_\_\_\_\_

School Your Child Attends? \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Insurance Company and Card Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Primary Physician's Name \_\_\_\_\_

Primary Physicians Phone \_\_\_\_\_

Allergies to food/other \_\_\_\_\_

Medical Considerations \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Church and Pastor Name \_\_\_\_\_

\_\_\_\_\_

Pay by Credit Card: NAME ON CARD: \_\_\_\_\_

Circle one: VISA      MASTERCARD      AMEX      DISCOVER

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

Three Digit Code on Back of Card: \_\_\_\_\_

\_\_\_\_\_

**Photo Release for Minors:**

I hereby consent that \_\_\_\_\_ ( name of student) and his/her name, image and likeness whether in videotape; photograph; motion picture film; electronic images; and or audio recordings of his or her voice be the property of and may be used by the Yahweh Ballet, its assignees and successors for purposes of promotion and or recruitment of the ballet company and school including television; cd roms; online and print publications free and clear of any claim whatsoever on my part.

**Print Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

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