



Slawomir & Irena Wozniak's  
Master Ballet Academy  
3210 E. Bell Rd  
Phoenix, AZ 85032  
602-996-8000

**REGISTRATION FORM for 2009-2010 Session**

Students Name \_\_\_\_\_  
(Please Print) Last First MI Date of Birth

School \_\_\_\_\_ Grade \_\_\_\_\_ Yrs studied Ballet \_\_\_\_\_

Last\current studio \_\_\_\_\_ Types of Dance \_\_\_\_\_

Parents\Guardian name (if minor) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone #1 (whose) \_\_\_\_\_ #2 (whose) \_\_\_\_\_

Cell phone #1 (whose) \_\_\_\_\_ #2 (whose) \_\_\_\_\_

E-mail #1 (whose) \_\_\_\_\_ #2 (whose) \_\_\_\_\_

**Photo release: This further serves as a video\photography release and I understand and agree that the studio may use me or my child's name, likeness, video, or photo in marketing, promotional, and advertising pieces and website. I also affirm that I hold a valid personal health insurance policy sufficient in amount to cover any and all circumstances which may arise from participation at Master Ballet Academy. In the event that parents are divorced, signature of one parent\guardian is binding and contractual for enforcement of this Agreement. I acknowledge and agree that the terms outlined herein are contractual, and agree that this Agreement shall be governed by and interpreted in accordance with the laws of the state of Arizona, whether or not said activities, courses, or classes occur in Arizona, and that the venue shall be in Maricopa County, Arizona. By signing below I hereby affirm that I have read completely, understand and agree to all stipulations in this registration and Agreement.**

Signature \_\_\_\_\_  
Parent\Guardian Signature (or student if over 18 years of age)

Date \_\_\_\_\_



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**Emergency Info: In the event of an accident\illness and the parent\guardian is not available the following persons will assume responsibility for my child:**

(Please initial) \_\_\_\_\_  
 #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ wk\cell \_\_\_\_\_  
 #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ wk\cell \_\_\_\_\_

**Medical conditions and\or medications: In the event parents\legal guardian\responsible party is not available consent is given to Nina Marlow Ballet School, LLC, dba Master Ballet Academy to render such treatment as deemed necessary in an emergency and take whatever action is deemed necessary, in their judgment, for the health of my child\children.**

Signature \_\_\_\_\_  
 Please note any\all medical conditions affecting student and\or any medications the student may need to take while on the premises of the dance studio. \_\_\_\_\_

**LIABILITY RELEASE I recognize and understand the risks of physical injury inherent in dance and dance training, and I am willing to assume those risks. I agree that I will not hold Nina Marlow School of Ballet, LLC, dba Master Ballet Academy (MBA), or any faculty member, employee, or volunteer liable for injuries sustained or illness contracted by the participant while in attendance and\or participating in classes at MBA. I understand that, as a dance student, the student may be physically touched in the course of dance training and dance instruction. I will not hold MBA liable for physical touching which is incidental to and in the course of dance training and dance instruction. I agree to indemnify MBA and all employees and volunteers of both, for all liabilities, cost, and judgments arising from acts or omissions committed by me\my child which result in injury or damage to any person or party.**

Signature of Dancer \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of Parent\Guardian \_\_\_\_\_

Signature of parent\Guardian \_\_\_\_\_ Date \_\_\_\_\_

**I understand that class placement at MBA is the decision of the Artistic Staff of MBA and agree to abide by that decision.**

**By registering the student and\or parent\legal guardian agree to our terms and agreements.**

\_\_\_\_\_  
 Student

\_\_\_\_\_  
 Parent\ Legal Guardian