



1124 Corporate Drive • Holland, Ohio 43528 • 419 861-0895
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Current Student Registration Form
Winter/Spring 2025

Student Information

Name _____ Date of Birth/Age _____

Address _____ City _____ State _____ Zip _____

Phone # _____

Family email address _____

Parent Information

Parent #1 _____ Home/Cell phone _____

Parent #2 _____ Home/Cell phone _____

Classes

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

Level _____ Day _____ Time _____

***Note: Classes are filled on a first come, first serve basis.**

Emergency Contact Information

Emergency Contact Person _____ Phone # _____

Emergency Contact Person _____ Phone # _____

For office use only:

____ QB ____ EM
____ DM ____ B

Installments:

____ January 6th
____ February 3rd ____ March 10th
____ Paid in Full

Tuition Calculations

Full Tuition Amount Or * Installment Amount _____

*installments will automatically be charged to your credit card

Family Discount (15% per additional student; applies to lesser tuition rate) _____

Total Due _____

Please consider CASH or CHECK. BTT receives the FULL value of your payment.

Method of payment: Cash _____ Check _____ Credit card _____ PayPal _____

We accept the following credit cards: Visa, Mastercard and Discover.

If paying by credit card, please provide the following information.

Use card on file _____

Name on the card _____ Credit Card # _____

Expiration Date _____ Verification Number _____

Please read the following: I am aware that ballet dancing, stretching and other activities associated with your participation, places unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the **Ballet Theatre of Toledo**, its Board of Trustees, the faculty, volunteers, and any of the chaperones and agents of the **Ballet Theatre of Toledo** shall not be liable in any way and released for any injuries sustained during attendance at the school or any of its related functions for any act which might constitute a claim for negligence. I further understand that my child, at all times, is responsible for his/her personal belongings and I accept full responsibility for loss of personal items whether lost, damaged or stolen.

Parent or Guardian signature _____ **Date** _____

I, _____, give my permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like (the "Publicity Materials"), taken or made on behalf of Ballet Theatre of Toledo, Inc. ("BTT"). I agree that BTT has complete ownership of the Publicity Materials, including the entire copyright, and may use them for any purpose consistent with BTT's mission. These uses include, but are not limited to, illustrations, bulletins, exhibitions, film, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materialism any medium now known or later developed, including the use of the Publicity Materials on the internet. I acknowledge that I will not receive any compensation for the use of the Publicity Materials and hereby release BTT and its members, trustees, directors, officers, employees, agents and assigns from any and all claims which arise out of or are in any way connected with such use. I have read and understood this consent and release.

Parent / Legal Guardian (if under age 18) signature _____ **Date** _____