

**NEWPORT ACADEMY OF BALLET
3 CHARLES ST.
NEWPORT, RI 02840
(401) 849.8473**

REGISTRATION FORM

Please return this form by August 15th with a nonrefundable \$25.00 registration fee to hold your place. Tuition is due during the first week of classes. See the back of the schedules for rates and fees.

Name: _____ **DOB:** _____ **Class level:** _____ **Day:** _____ **Time:** _____
Address: _____ **City:** _____ **Zip:** _____
Phone: _____ **Cell:** _____ **Work:** _____
Email: _____
Parents Name: _____ **Emergency Contact:** _____

DISCLAIMER

The studio, its directors, instructors or other personnel are not liable for personal injuries or loss of or damage to personal property. Since this is a physical activity, injuries may occur. Each student may decline to participate in any activity, which may be harmful, and he/she or his/her parents are responsible for informing the instructor of any physical limitations, which may prevent full participation in class.

Please indicate by signing below that the registration information is correct and that you have read and understand the policies about attendance and payment as stated on the back of the schedule and rate sheet.

Parent's signature: _____ Parent of: _____

Date: _____

Registration fee: \$25.00 individual \$35.00 family. Date Paid: _____ Amount: _____

How did you hear about NAB? _____

Term I

Date: _____ Pymt. amt: _____

Term II

Date: _____ Pymt amt: _____

Costume fee: Date: _____ Amt: _____

Summer term:

Date: _____ Pymt amt: _____