



Vostrikov's Academy of Ballet (VAB)  
 20 West Cork Street • Winchester, VA • 22601  
 Phone: 540-665-0343  
 www.virginiayouthballet.org  
 email: vostrikovsacademy@gmail.com

**2018-2019 Registration Form ♦ ALL PAGES MUST BE FILLED OUT COMPLETELY**

<hr/> Student #1 Last Name, First Name	<hr/> Age	<hr/> Birthday	<hr/> ( ) Home #	<hr/> ( ) Work # (Mother)
<hr/> Student #2 Last Name, First Name	<hr/> Age	<hr/> Birthday	<hr/> ( ) Cell # (Mother)	<hr/> ( ) Work # (Father)
<hr/> Student #3 Last Name, First Name	<hr/> Age	<hr/> Birthday	<hr/> ( ) Cell # (Father)	
<hr/> Address				<hr/> City
<hr/> Address				<hr/> State
<hr/> Address				<hr/> Zip Code
<hr/> Parent(s) Responsible for Tuition	<hr/> Parent's Employer		<hr/> Parent's Employer (If shared responsibility)	<hr/> <b>Parent's email address</b>
Select payment schedule of choice and INITIAL responsibility statements (**)				
<b>PAYMENT SCHEDULE (check one):</b>	<input type="checkbox"/> One Payment	<input type="checkbox"/> Two Payments	<input type="checkbox"/> Five Payments	
<b>PLEASE INITIAL:</b>	<input type="checkbox"/> I understand two or five payments are for my convenience.			
<b>PLEASE INITIAL **:</b>	<input type="checkbox"/> I understand I am responsible for a full year's tuition.			
<b>PLEASE INITIAL AND DATE:</b>	<hr/> Date:	<input type="checkbox"/> I understand my child must attend stage rehearsals in order to perform.		
**Registration will NOT be accepted unless initialed and registration fee is paid. **				

VAB Faculty Suggested Classes									
Student Name									
Class Day and Time:									
Pre-Ballet/Pre-Tap									
Ballet									
Pointe									
Tap									
Jazz									
Lyrical and/or Modern									

**Do not write below this line – for faculty and account use ONLY.**

	AMT DUE	AMT PAID	CHECK #	DATE PAID	FACULTY
INITIAL					
Payments Due					
SEPTEMBER					
NOVEMBER					
JANUARY					
MARCH					
MAY					



Please read the following carefully, sign and date. Your child(ren) will not be permitted to attend classes until the faculty receives this release.

I am aware that ballet, pre-ballet, adult ballet, jazz, tap, character and exercise associated with it places unusual stress on the body and carry with them the risk of physical injury. On behalf of my child/children and myself, I assume the risk and agree that the Vostrikov's Academy of Ballet shall not be liable in any way for any injury during attendance at the academy or any of its related functions.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

### **Emergency Information**

Child/children's Name(s):

\_\_\_\_\_

Parent/Guardian (Primary or Preferred Contact) Name/Relationship/ Phone Number:

\_\_\_\_\_

Additional Parent/Guardian Name/Relationship/ Phone Number:

\_\_\_\_\_

Emergency contact person (name/relationship/ phone number):

\_\_\_\_\_

Do/es your child/ren have any medical conditions that the faculty should be aware of?  Yes  No  
If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Name and phone number of family physician: \_\_\_\_\_

**I authorize the staff/faculty of VAB/VYB to seek emergency medical treatment for my child/children if the above contacts cannot be reached** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **MEDIA RELEASE**

I give my permission for photographs or television footage, which includes my child/children, to be used for promotional purposes on television, in newspapers, magazines, or any other media.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_