

Kingsport Ballet
ADULT CLASSES - Student File

2011

Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Address _____ City,St.,Zip _____

Work phone _____ Other: _____

E-mail address _____

Emergency Contact: Name _____ Phone _____

On the back page please list any special information, allergies, disabilities or challenges.

Pilates	By the Class _____ (\$7)	Monthly _____ (\$50)
Zumba	By the Class _____ (\$6)	Monthly _____ (\$48)
Tai Chi	-----	Monthly _____ (\$48)
Adult Ballet	-----	Monthly _____ (\$50)

By the class payment record:

Jan										
Feb										
Mar										
Apr										
May										
June										
July										
Aug										
Sept										
Oct										
Nov										
Dec										

Monthly Amt Paid Check # Date Paid Entered by Late fee Credit

Jan					
Feb					
Mar					
Apr					
May					
June					
July					
Aug					
Sept					
Oct					
Nov					
Dec					

I hereby release the Kingsport Ballet, its Artistic Director/Ballet Mistress, Board of Directors, Faculty and volunteer staff and all of its contractual employees and agents from any and all claims that may result from my participation in the programs of the Kingsport Ballet. I understand that fitness classes may be strenuous and I take full responsibility for my actions during class.
 Adult Student Signature _____ Date _____