KOLTUN BALLET BOSTON
REGISTRATION FORM

23 Main Street
Watertown, MA 02172
617.901.3792

Type of Training: ☐ **Year Round** ☐ **Private** ☐ **Summer intensive** ☐ **Other**

Student Name: _____ Date of Birth: _____

Address: _____
Street

_____ _____ _____
City *State* *Zip Code*

_____
Country of Residence (if not USA)

Current Dance School: _____ Academic School: _____

Parent / Guardian 1: _____ _____
email

Address (*if different from above*) _____
Street

_____ _____ _____
City *State* *Zip*

Phone: _____ _____ _____
Work *cell* *evening*

Occupation (*optional*): _____

Parent / Guardian 2: _____ _____
email

Address (*if different from above*) _____
Street

_____ _____ _____
City *State* *Zip*

Phone: _____ _____ _____
Work *cell* *evening*

Occupation (*optional*): _____ How did you hear about us? _____

Koltun Ballet Boston is not responsible for any damage, injury or loss during the Year-Round Training, Workshops, Summer Intensive, Competitions or Private lessons.

Koltun Ballet Boston admits students of any race, color, national origin to all the rights, privileges and activities generally accorded to students of the School It does not discriminate on the basis of race, color, national or ethnic origin. *All rights reserved.*

Parent/Guardian's Signature _____ Date: _____

We must also have a signed copy of the **Koltun Ballet Boston HEALTH INFORMATION / WAIVER**.