

OLYMPIC BALLET SCHOOL

Artistic Directors: Mara Vinson & Oleg Gorboulev

Registration Form

Class Level _____

Student _____ Age _____ Under 18 Birth Date _____

Parent/Guardian _____

Where did you hear about Olympic Ballet School? _____

Address _____

City _____ State _____ Zip _____

Phone: cell _____ 2nd _____

Email _____ 2nd _____

School _____ Grade _____

Physician _____ Phone _____

Medical Information _____

Payment Options*: Monthly ___ Full Year ___ Semester (for Creative & Kinder ONLY) ___
*Monthly option is not available for Creative and Kinder Ballet classes.
10% discount applies to full year payment.*
***Registration & Tuition Payments are NON-REFUNDABLE.**

I give my consent for photos to be taken of my student at the full discretion of Olympic Ballet School.

Initial

I agree to NOT take any photos and/or video of my child or other students during classes, including during **Observation Weeks** that take place the 2nd week of each semester.

Initial

I have read Olympic Ballet School's Policies posted at the studios and also available online:

<http://www.olympicballet.com/obshome/school-policies/>

Initial

Please return form with **NON-REFUNDABLE \$25 Registration Fee (\$35 after Sept 1)**. Make checks payable to Olympic Ballet School. Exact cash, Visa or Master Card also accepted, (A 3% processing fee will apply to credit and debit card transactions.)

Signature _____ Date _____

Please check if you are interested in applying for **Olympic Ballet Theatre's Trainee Program**. Must be at least 18yrs old and/or a high school graduate to apply.

700 Main Street Edmonds, WA 98020 425-774-7570 dance@olympicballet.com
www.olympicballet.com facebook.com/OlympicBalletSchool

OFFICE USE ONLY: R: ___ T: ___ | By: Ch: ___ Bc: ___ Ca: ___ | Date: _____