

Artistic Directors: Mara Vinson & Oleg Gorboulev

## 2025–26 School Year Registration Form

Class Level		
Student	Age	Date of birth
Parent/Guardian if under age 18_		
Where did you hear about Olymp	ic Ballet School?	
Address		
City	Stat	teZip
Phone: cell	2nd	
Email	2nd	
School		Grade
Physician		Phone
Medical Information		
I will not send my child to the studio for 72 hours after any fever has reso liable for any injury or illness sustai	olved to return to the studio. I u	tudio in case of illness, and I will wait vill not hold Olympic Ballet School
I give my consent for photos/video f Ballet School.	ootage to be taken of my stude	nt at the full discretion of Olympic
I understand that registration and to must be cancelled. I understand that understand that I may be subject to	t Olympic Ballet School DOES l	NOT have automatic payments. I
Signature		Date
Please return form with NON-R Olympic Ballet School. Class pla		tion fee payable by check to until registration fee is received.
Please check if you are intereste  Must be 18 yrsold and/or a hig	• •	e's Trainee Program.