

**CHAUTAUQUA REGIONAL YOUTH BALLET  
STUDENT INFORMATION FORM**

**STUDENT'S INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

\*\*Most reliable email address: \_\_\_\_\_

Ballet Level: \_\_\_\_\_ Please describe your child's former dance training if other than at CRYB:  
\_\_\_\_\_  
\_\_\_\_\_

**MOTHER / GUARDIAN'S INFORMATION:**

Name: \_\_\_\_\_

Mother's Home Address: Is information is the same as student's? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If different than above: \_\_\_\_\_  
(Street) (City) (State)

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Ext: \_\_\_\_\_

**FATHER / GUARDIAN'S INFORMATION:**

Name: \_\_\_\_\_

Father's Home Address: Is information is the same as student's? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If different than above: \_\_\_\_\_  
(Street) (City) (State)

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Person to contact in case of an emergency if we cannot contact you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # s: Home: \_\_\_\_\_ Work \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any medical conditions or limitations we should be aware of:

**OTHER INFORMATION:**

Please list other activities that you child is involved with: \_\_\_\_\_

\_\_\_\_\_

*If someone other than Parent / Guardian will drop off or pick up your child please list:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

*If someone other than Parent / Guardian will be paying for the student please list:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # s: Home: \_\_\_\_\_ Work \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

**PERMISSION / RELEASES:**

In case of an emergency, when neither my immediate contact nor I can be reached, I give my permission to the instructor, or person in charge at the Chautauqua Regional Youth Ballet, permission to transport my child to the nearest medical facility for emergency medical treatment.

\_\_\_\_\_  
(Parent / Guardian's Signature) (Date)

I do hereby agree to indemnify and hold harmless the owners, directors, operators, and employees, from any and all liability arising from dance instructions and use of the premises located at 21 East Third St. Suite 300, Jamestown New York. I also realize that dance requires hands-on instruction for proper body placement and development of the muscles.

\_\_\_\_\_  
(Parent / Guardian's Signature) (Date)

I give my permission for images of my child, captured during regular and special ballet activities through video, photo and digital camera, to be used solely for the purpose of Chautauqua Regional Youth Ballet promotional material, publications and website.

\_\_\_\_\_  
(Parent / Guardian's Signature) (Date)