



**BUFFALO INNER CITY BALLET
WAIVER FORM**

MUST BE SIGN BEFORE ADMISSION INTO THE BUFFALO INNER CITY TRAINING SCHOOL.

Date: _____

Students Name _____

Birthdate _____ Age _____ Sex _____ Weight _____

City _____ State _____ Zip _____

Home (_____) _____ Work (_____) _____

Father's Name _____ Occupation _____

Address (if different) _____

City _____ State _____ Zip _____

Home (_____) _____ Work (_____) _____

Mother's Name _____

Alternative Emergency Notification _____

Class Register for: _____

Are you a New _____ or Returning Student _____

If returning, what level last year? _____

If new, how much previous dance training have you had? Years _____

I hereby release Buffalo Inner City Ballet School from all liability for personal injury, illness or property damage occurring on or off Buffalo Inner City Ballet premises. I have read the registration information and understand the School's Policies as outlined. I understand that I am responsible for tuition payments as described. I certify that I am in good health and capable of participating in all school activities and classes. I hereby give permission for the Buffalo Inner City Ballet School to take photographs for promotional uses for the school.

Students signature

Parent's or Guardian's signature (if student is under 18)