

BUFFALO CITY BALLET
2026 - 2027 FALL REGISTRATION FORM
307 Leroy Street
Buffalo, NY 14214
716-716.864.4167

CLIENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

D.O.B. ____ / ____ / ____ EMERGENCY TELEPHONE ____ - ____ - ____

Email _____ Alt. Email _____

MOTHER NAME: _____

FATHER NAME: _____

Ethnicity: _____

Family Income: _____ Yearly / Parents Occupation _____
Optional Optional

Liability Release: Activities involve attending dance technique classes and performances. I _____ realize that child participation in the above activities may involve some risk of personal injury. Therefore, I assume all risk related to the activities and release Buffalo City Ballet and Staff of all resulting liability for personal injury and property damage.

As guardian I have read and freely signed this agreement, which shall take effect as a sealed instrument.

Signature of Applicant _____ Date: _____

Signature of Parent / Guardian (if applicant is under 18) _____

PLEASE INCLUDE REGISTRATION FEE: \$25.00 NON-REFUNDABLE _____ Date _____

