

2016-2017 Parent Partnership Card Form *\$10 Classes for Parents*

Please Complete the Following Information

Please Print *mandatory	
*Parent's Name:	
*Student's Name:	
*Address:	
*City/State:	*Zip Code:
*Phone Number:	*E-mail:
*Emergency Contact/Phone:	
withdraw, the Partnership will no longer be Open Division classes from the date this fo school year. The participant will receive the	entre for Dance Education. If the enrolled student wishes to valid. Parent Partnership members will receive \$10 Adult rm is received by the front desk to the end of the current r own personalized card once this form is filled out and turned must fill out a new application for each year that their child
Please read the following carefully. You will not be permitted to attend classes until this release is received by the Centre.	
carry with them the minor risk of injury. On beha Centre for Dance Education shall not be liable	ng exercises associated with it place unusual stress on the body and alf of myself I assume the risk and agree that The Atlanta Ballet in any way for injuries sustained during attendance at the Centre or I that dance instruction involves kinetic corrections that may include gular class work.
*Signature:	*Date: