

**Classical Ballet Theatre Registration:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Favorite Color:** \_\_\_\_\_ (for stage props & theme)

**Parent's name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / Zip code:** \_\_\_\_\_



**CBT**

Class:	Date/Time:
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Consent: In consideration of being permitted to participate Classical Ballet Theatre, the Ballet Students and Parents/Guardians do hereby release, waive, and discharge Classical Ballet Theatre from liability from any and all claims resulting participation in the workshop.

Signature represents full understanding and complete release of all liability.

Signature: \_\_\_\_\_ Parent/guardian Date: \_\_\_\_\_

**Classical Ballet Theatre**

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**Classicalballettheatre.com**