ACADEMY OF CLASSICAL BALLET

21501 N. 78th Ave Ste 100, Peoria AZ 85382 • (623) 572-7222 acballet.com

TRIAL CLASS & GUEST INFORMATION

Student Name	Date:
Age: Date of Birth:	School/Grade:
Name of Parent/Guardian:	Cell Phone
Email Adress:	Home Phone:
Class(es) participating in today:	
What other classes do you have interest	in?
253	
How did you hear about us?	7
Advertisement (which one)	
Website Search (describe)	Other
- Ti 4 a	
Describe the features you find most imp	ortant when choosing a dance studio:
V ///	
	ss your trial class? Yes or No (circle one)
If yes, which do you prefer – phone or e	email? (circle one)
9	
INFORMED CONSENT/RELEASE:	TXY I
	al Ballet, LLC to take photographs, videos, and or film of my child or
myself. I consent to the use of such materials for pr	omotional purposes by the Academy of Classical Ballet or Ballet Forme.
I recognize the risks of accident or injuries associate	ed with the program of dance and acknowledge that I am participating upon
	e to accept full responsibility for my own and/or my child's safety and
	Ballet, LLC and Griffin-Williams LLC and agree to hold the Academy and
	d all claims and liabilities whatsoever which I may have, arising out of the
	ating from gross negligence or willful misconduct of the Academy of
	this release inducing the Academy of Classical Ballet, LLC to permit me
or my child to participate in its programs.	
Parent Signature (if student is under 18):	Date:
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Class Placement/Teacher Evaluation:	
4 2	
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-18	CALLO