



SCHOOL OF THE BERKSHIRE BALLET THEATRE

PARTY WAIVER

Party Host Name: _____ Date: _____

Does your child have any pre-existing medical conditions or problems?

If yes, please explain _____

Child's Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Child's Age: _____

Please circle as many as apply:

Already a student at Summers: Yes No

I would like more information about: Preschool Classes
After School Classes
Adult Classes
Specialty
Hip Hop
Starr Dancers®
Berkshire Ballet Theatre®

I am available: Mornings Afternoons Evenings Weekends

The Summers Academy of Dance is not liable for injuries sustained by the student while attending the school. In the event that The Summers Academy of Dance, The Berkshire Ballet Theatre®, or Starr Dancers® has the student's participation recorded on film, on videotape, or photographed for presentation on television, in printed material, or elsewhere, I hereby expressly consent to use by The Summers Academy of Dance, The Berkshire® Ballet Theatre, and Starr Dancers®.

I, _____, parent of guardian of _____ understand the above information and give consent for my child to participate.