

- Trial Class (no eval)
- Evaluation



Today's Date: _____

DANCER'S NAME: _____

CELL PHONE: _____ Zip Code: _____

E-MAIL ADDRESS: _____

Birthdate: _____ Age: _____ School Grade: _____

PARENT'S NAME(S) if dancer is under 18: _____

EMERGENCY CONTACT NAME & NUMBER: _____

LIABILITY RELEASES

I hereby release Team Theatrics, Inc. dba Los Angeles Ballet Academy, its Directors, faculty, and representatives (collectively "LABA") located at 15255 Ventura Boulevard Annex 3, Sherman Oaks, CA 91403 of any liability for accident, injury, theft, or harm that may occur while attending dance class. I acknowledge I am responsible for the drop off and pick up of my child at the appropriate time.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to and/or infected by COVID-19 and that such exposure may result in personal injury, illness, permanent disability, and/or death. I release LABA from liability for harm, injury, or death pertaining to COVID-19.

Signed _____ Dated _____

No dancer will be admitted into the studio without a SIGNED Liability Release Form

EVALUATION NOTES: (Prospective Student)

Teacher: _____ Trial Class _____ Date: _____

Trial fee (\$25): Cash CC (circle) JR entry: _____ Enroll Date: _____