

Trial Class (no eval)

Evaluation



Today's Date: _____

DANCER'S NAME: _____

CELL PHONE: _____ Zip Code: _____

E-MAIL ADDRESS: _____

Birthdate: _____ 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.

Signed _____ Dated _____

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

EVALUATION NOTES: (Prospective Student)

Teacher: _____ Trial Class _____ Date: _____

JR entry: _____ *Enroll Date:* _____