

Midwest Ballet Academy
Registration Form
5013 Fairview Ave.,
Downers Grove, IL 60515
(630) 971-9751

(Please use separate registration form for each student)

Last Name _____ First Name _____

Address _____

Home Phone _____ Date of Birth _____ Age _____

Father's Name _____ Father's Cell Phone _____

Mother's Name _____ Mother's Cell Phone _____

Email address _____

Please list any medical problems, including allergies: _____

Class(es) – Please list class name, day & time:

Tuition: _____ Combined tuition payment: _____

Check # _____

Waiver

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries which I may sustain as a student at the Midwest Ballet Academy. I agree to waive and relinquish any and all claims while participating as a student in the Academy against the Midwest Ballet Academy or Mim Eichmann.

Parent's or guardian's signature _____

Date _____

Please enclose check made out to the Midwest Ballet Academy
with this form to:

Midwest Ballet Academy,
5013 Fairview Ave., Downers Grove, IL 60515