



Toe To Toe Ballet School, LLC Birthday Party Registration Form

Time and Date Requested: _____ *

*must reserve 3 weeks prior to date; if studio is available

Please fill out, sign and return the information requested below with your payment of \$25.00 to book your party.

Student's Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ State _____ Zip: _____

Mother's Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Name and Phone Number: _____

Please describe any medical conditions or allergies Toe To Toe should be aware of: _____

In case of illness or injury and a guardian cannot be reached, the staff of Toe To Toe Ballet School, LLC may authorize medical treatment for the above-named student. I understand that because dance involves motion, there is a risk of injury. I and my heirs hereby release Toe To Toe Ballet School, LLC, its employees, instructors, and owners from any and all liability for damages or injury or medical expenses which might occur as a result of my child's participation. My child has no problems or conditions that might compromise his/her safe involvement. I hereby give permission to Toe To Toe Ballet School to take and use photographs for promotional use.

Guardian(s) / Parent(s) Signature: _____ Date: _____



Toe To Toe Ballet School
1 E. Walworth
PO Box 56
Elkhorn, WI 53121
www.toetotoeballetschool.com

Please list names of all participants. Parent/Guardian must fill out and sign hold harmless agreement for each participant listed.

Participant: _____ Birth Date: _____
Parent/Guardian: _____
Address: _____
Emergency Phone Number: _____
Signature: _____

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Parent/Guardian: _____
Address: _____
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Parent/Guardian: _____
Address: _____
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Signature: _____

In case of illness or injury and a guardian cannot be reached, the staff of Toe To Toe Ballet School, LLC may authorize medical treatment for the above-named students. I understand that because dance involves motion, there is a risk of injury. I take full responsibility for all above named participants. I and my heirs hereby release Toe To Toe Ballet School, LLC, its employees, instructors, and owners from any and all liability for damages or injury or medical expenses which might occur as a result of the participants' participation. The participants have no problems or conditions that might compromise their safe involvement. I hereby give permission to Toe To Toe Ballet School to take and use photographs for promotional use.