



The Dance Center of Queensbury

Official School of the Adirondack Ballet Theater



REGISTRATION FORM

NAME OF STUDENT _____

AGE OF STUDENT _____ STUDENT'S DATE OF BIRTH _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE _____ EMERGENCY # (if different) _____

PARENT/GUARDIAN _____

PROGRAM (S) ENROLLED IN _____

Below is a consent form for any future studio/company publicity for parents to complete.

The following is an authorization and release between the Dance Center of Queensbury, Inc. and _____ a, Parent of _____ a dancer at the Dance Center of Queensbury, Inc.

I herby authorize the Dance Center of Queensbury, Inc. to use the likeness of my daughter/son in any and all promotional and advertising for the Dance Center of Queensbury, Inc. This includes print media, the internet and any other form of advertisement. I herby release the Dance Center of Queensbury, Inc from any and all liability in connection with the use of the images of my child.

My signature below is my express consent and authorization to the use of any images of my dancer.

Parent's Signature

Date

Print Parent's Name

Please send completed form to: THE DANCE CENTER OF QUEENSBURY, INC.
74 WARREN STREET, POB 652
GLENS FALLS, NY 12801