

**METROPOLITAN BALLET ACADEMY, LLC &
METROPOLITAN BALLET COMPANY
REGISTRATION, LIABILITY & PUBLICITY RELEASE**
700 Cedar Road, Jenkintown, PA 19046
215-663-1665 • www.metropolitanballetacademy.com
Artistic & Executive Director, Lisa Collins Vidnovic
collinsvidnovic@metropolitanballetcompany.org

| | |
|------------|-----------|
| | 2024-2025 |
| REG _____ | CC _____ |
| CK # _____ | LGL _____ |
| OL _____ | G C _____ |

Classes are filled in order that registration is received. I am registering for Level/Class _____

Friday Class required for all program participants Second Choice of Day/Time _____

**REGISTRATION INFORMATION
BOYS' SCHOLARSHIP PROGRAM**

Student's name: _____

Age: _____ Birthdate: _____

Parent 1 Name: _____

Parent 2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Parent 1: _____

Cell Phone Parent 2: _____

Email: _____

Previous training: _____

Academic School _____ Grade _____

Please enclose a registration fee of \$50.00.

This fee is nonrefundable.

Make checks payable to:

“Metropolitan Ballet Company”

And return to:

Metropolitan Ballet Academy & Company

**700 N. Cedar Road
Jenkintown, PA 19046**

Metropolitan Ballet Company is the 501(c)(3) non-profit extension of the Academy which provides scholarships, performance training for pre-professional dancers and outreach programs designed to promote a love and appreciation of dance in our community.

I would like to make a tax-deductible donation for Metropolitan Ballet's 2024-2025 Season in the amount of \$ _____

_____ My company will contribute a matching gift.

Company Name _____

_____ My company supports employee volunteerism.

*Please make checks payable to
Metropolitan Ballet Company. Thank you!*

LIABILITY RELEASE & PUBLICITY RELEASE

Liability Release:

I am aware that dance training and the gymnastic exercises associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that the Metropolitan Ballet Academy and/or Company and/or the director, instructors and employees of Metropolitan Ballet Academy or Company shall not be liable in any way for injuries sustained during attendance at the ballet school, company or any of their related functions. I likewise release from liability Metropolitan Ballet Academy and Company, the director, instructors and/or employees for any damage or loss of property incurred during my participation in the activities of Metropolitan Ballet Academy and/or Company. I also understand that good ballet training involves touching and adjustment of the student's body by the instructor.

Publicity Release:

I hereby authorize the Metropolitan Ballet Academy and/or the Metropolitan Ballet Company to record the student's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television programs and/or in print media. I also give my permission for Metropolitan Ballet Academy and Company to use and license others to use these materials in any manner or media whatsoever. Metropolitan Ballet Academy and Company are permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connections with them. I acknowledge that no promises of compensation were made by Metropolitan Ballet Academy and Company for such use.

I have read, understand, and agree to the Liability Release and the Publicity Release.

Student's Name Printed:

Student's Signature:

_____ Date: _____

Parent's Signature:

_____ Date: _____

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 @MetBalletPA