

**ASPEN SANTA FE BALLET  
FOLKLORICO MEXICANO  
Registration Form**

Date: \_\_\_\_\_ Are you new to the Folklorico Program or a returning student? \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
e-mail \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Gender(circle one): Male/Female SCHOLARSHIP \_\_\_\_\_

CLASS SCHEDULE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)  
e-mail \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT (other than parent):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_ (w)

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**ASPEN SANTA FE BALLET SCHOOL POLICIES**

\*This is a scholarship program. **There will be a \$25.00 registration fee.**\* Attendance is mandatory and students that have excessive tardiness and/or absences will be asked to leave the program. **All the students must buy their own dance shoes and participate at the end of the school year RECITAL.**

**Adult Classes. Will be a class fee of \$16.00 or a 10 classes Punch Card for \$140.00**

\*It is understood that the teaching of dance requires a certain amount of physical contact between students and teachers. Parent(s) acknowledge that such physical contact is inherent in the teaching process and is not intended to be inappropriate.

\*I understand that students may not remain in the school building after the program and that it is my responsibility to make necessary arrangements to assure that my child has a ride with a responsible and authorized adult.

**\*WAIVER:** "I understand that there is a risk of personal injury associated with dance classes and performances. I represent that the above named student is in good health and physically capable of participating in dance classes, performances and recitals. On behalf of myself ( and the above named student if different from undersigned), I hereby waive and release any claim against Aspen Santa Fe Ballet, the Aspen Ballet Company & School, its employees and contractors, arising out of a personal injury occurring in connection with classes, performances or recital or otherwise occurring in or around the dance school or facility where classes, performances or recitals occur. I accept responsibility for obtaining appropriate accident, health and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or other medical emergency if I cannot be reached, I authorize the Aspen Santa Fe Ballet instructor or staff to seek any medical assistance reasonably required and agree to be responsible for medical expenses incurred on behalf of the student."

I understand my child can't stay in the school building after dance class ended, and I will make the arrangements for my child to get home.

**PARENT OR GUARDIAN NAME:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please make checks payable to Aspen Santa Fe Ballet**