

# Registration For Cache Valley School of Ballet & Cache Pilates Studio

Student Name: \_\_\_\_\_  
Birth date \_\_\_\_\_ email \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Parent / Guardian: \_\_\_\_\_  
Medical Conditions *(if applicable)*: \_\_\_\_\_  
\_\_\_\_\_

Class(es): \_\_\_\_\_

Tuition: \$ \_\_\_\_\_  
Registration / Insurance fee \* + \$30  
TOTAL: \$ \_\_\_\_\_  
Payment options:  
*Full* \_\_\_\_\_ *or 3 installments* \_\_\_\_\_  
*Check #* \_\_\_\_\_ *Cash* \_\_\_\_\_

\* If paying in three installments, the first payment plus registration / insurance fees should be included with registration form. Subsequent payments are due by the 5<sup>th</sup> of each following month. Late payments will incur a \$5 late fee for each month.

*I hereby release the Cache Valley School of Ballet, its officers and employees from any liability or expense (including attorney's fees) with respect to claims for injuries, damages and expenses sustained by above enrolled student resulting from participation in ballet classes.*

\_\_\_\_\_  
Parent/Guardian Signature or Student 18+

\_\_\_\_\_  
Date

Complete this form, sign, and return with tuition, registration / insurance fees. Please fill out a separate form for each student enrolling in classes. Make check payable to CVSB and mail to:

CVSB  
P.O. Box 3775  
Logan, UT 84323-3775