



International Ballet Academy of Norwell

34 Accord Park Drive
Norwell, MA 02061
Tel: 339-788-9670 or 617-481-5673
academy@ibanorwell.org
www.ibanorwell.org

Academy Registration Form

Student Information

Name of Student: _____ Audition # _____
Date of Birth ____/____/____ Gender: _____ Age: _____ Grade: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Telephone (_____) _____ - _____
Academic School: _____

Parent/Guardian One

Name of Parent/Guardian: _____
Home Address (if different from student): _____
City: _____ State: _____ Zip: _____
Home Phone (if different from student's) (_____) - _____ - _____
Cell Phone (_____) - _____ - _____
Email _____

Parent/Guardian Two

Name of Parent/Guardian _____
Home Address (if different from student) _____
City: _____ State: _____ Zip: _____
Home Phone (if different from student) (_____) - _____ - _____
Cell Phone (_____) - _____ - _____
Email: _____

Full Payment

Installment Payment

Annual Tuition: \$ _____
Registration Fee: \$ 25
Total: \$ _____

Payment: \$ _____
Registration Fee: \$ 25
Payment Plan Fee: \$ 30
Total: \$ _____

Waiver of liability/ Medical/Media Release/Agreement to pay

I am aware that dance training places unusual stress on the body. On behalf of my child and myself, I assume the risk and agree that the International Ballet Academy of Norwell, IBA Norwell Student Company, Board of Directors, Faculty, and any of the chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the academy or any of its related functions. My child has permission to be treated for emergency medical care.

Medical Insurance and number: _____

Please share any information that will help us provide a safe and positive experience for your child while at IBA Norwell such as allergies, special medical conditions, or learning disability.

I give my permission for photographs or television footage that include my child to be used for promotional purposes on television, newspapers, magazines, brochures, billboards or any other form of advertising.

I understand that IBA Norwell can cancel classes that have less than 12 students enrolled and reserves the right to change teachers and staff. I understand and agree that there are no refunds for any reason. A nonrefundable \$25 registration fee and tuition deposit is due upon submission of this form. A 4-month payment plan is available with an additional \$30 fee and payments are due by the 1st of each month. Full payment is due by December 1 of the current calendar year.

There will be a \$25 service charge for all checks received with insufficient funds!

No Refunds for any reason.

*Must be signed. _____
Signature of parent or guardian Date

How did you hear about us? _____

Previous training, including schools and teachers:
