

Pittsburgh Youth Ballet Company . School Registration Form

St. Petersburg Center • 210 Valley Brook Road • McMurray, PA 15317

724.969.6000 • FAX 724.969.6900/412.384.3255

Website: www.pybco.org • email: info@pybco.org

Name _____
Please Print - Student's Last Name
Please Print - Student's First Name

Address _____ City _____ State _____

Zip _____ Phone _____ Home Email: _____

Students Cell # _____ Students Email _____

Mother's Name _____ Work Phone/Email _____

Cell Phone _____ Email _____

Place of Employment _____ Occupation _____

Father's Name _____ Work Phone/ Email _____

Place of Employment _____ Occupation _____

Age _____ Birth Date _____ Height _____ Weight _____ Emergency Phone (_____) _____ (Leotard Size) _____ T-Shirt Size _____

Former & Current Ballet School _____

Number of Years Attended _____ Teachers _____

How did you find out about us? Phone Book Word of mouth News Articles TV Commercials Sign Web Other _____

Checks made payable to PYBCS • VISA, MasterCard or American Express Accepted

Three tuition payment plans available for your convenience, per Month, per Trimester, or per Year. The registration fee is due yearly and for the summer session.

Card # _____	<i>EX</i>		<i>3 or 4 Digit Code</i> _____
	<u>Monthly Plan</u>	<u>Trimester</u>	<u>Year</u>
Registration fee yearly	\$35.00	\$35.00	\$35.00
Family Yearly Registration fee	\$40.00	\$40.00	\$40.00
Service Fee per Trimester	\$10.00	None	None
Yearly Discount	None	None	10% Discount with a valid Check or Debit Card.

Class Level	
Payment Plan	
Tuition	
Registration Fee	
Service Fee	
Discount	
Check # _____	
Total Enclosed	

I agree to the above tuition and realize that all payments are due for the school year regardless of the number of classes attended. I also understand no refunds will be given unless a withdrawal notice is accompanied by a verified Doctor's excuse stating extreme illness or injury.

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

Pittsburgh Youth Ballet Company & School Medical Release Form

"I am aware that ballet dancing and the gymnastic exercise 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, I assume the risk and agree that the Pittsburgh Youth Ballet School, Pittsburgh Youth Ballet 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 school or any of its related functions." My child has permission to be treated for emergency medical care.

Medical Insurance

Agreement Number

Family Physician & Phone Number

Allergies

Please share any information that will help us provide a safe and positive experience for your child while at PYBC. _____

***Must be signed** _____ *Signature of parent or guardian* Date _____ *Witnessed by* _____

Pittsburgh Youth Ballet Company & School - Media Release Form -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.

***Must be signed** _____ Date _____

Signature of parent or guardian