

Registration for **Zombie Dance Workshop** at *Virginia Regional Ballet Academy*

Learn "Thriller" Dance Moves & Cool Zombie Make-up!

Name _____ DOB _____ Age _____
Last First MI MM/DD/YYYY

Parent/Guardian _____
(if dancer is under 18 years) Last First MI Relationship

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ E-mail _____

Emergency Contact _____
Name Phone Relationship

How did you hear about VRBA? Newspaper: _____ Friend/Family: _____
 danceVRB.com Attended a performance: _____ Other: _____

Medical Release I understand that *Virginia Regional Ballet Academy* will not be held responsible for any bodily injuries sustained while on the premises or for loss or damage to any personal items brought on the premises by students or their families. Each student/parent is responsible for notifying *Virginia Regional Ballet Academy* of any condition that may affect or limit the dancer during classes. In the event of an emergency, I hereby give authority to *Virginia Regional Ballet Academy* to obtain necessary emergency medical treatment for me/my child, with the understanding that the family will be notified as soon as possible.

Dancer (18yrs+) or Parent/Guardian Signature Date

Photo Release I grant I deny permission for myself/my child to be photographed for the purpose of promoting and publicizing *VRB Academy*.

Dancer (18yrs+) or Parent/Guardian Signature Date

Select One: Kids Workshop (ages 9 & up): Sat., Oct. 15, 4-5:30pm Adult Workshop: Sat., Oct. 15, 6-7:30pm

Payment Methods: Cash, check, VISA, MasterCard