



Student Information Sheet

Brae Crest School of Classical Ballet (assigned class _____) Age: _____

Dancer's Name: _____ DOB: _____ Today's Date: _____

Address (Street, City, State, Zip Code): _____

Telephone (Home): (____) _____ - _____ (Cell): (____) _____ - _____

***Circle if SAME EMAIL?:**

Email here if new to BCSB _____ Repeat _____

Do you wish to receive email notices about Brae Crest School and SBRI? _____

I began dancing at Brae Crest at age _____ in year _____

Emergency Contact Information

Name _____ Relationship _____ Telephone (____) _____ - _____

Medical Information

Allergies/injuries or other pertinent medical information: _____

Parent/Guardian Contact Information (IF APPLICABLE AS A MINOR)

Mother's Name: _____ Place of Business _____ Phone _____

Father's Name: _____ Place of Business _____ Phone _____

Limited Liability Release Letter

I, _____ release Herci Marsden, Brae Crest School of Ballet and The State Ballet of Rhode Island, including faculty members, guest teachers, and Board Members, from any premises or performance sites on behalf of Brae Crest School and The State Ballet. Any physical injury that may occur on Brae Crest property or State Ballet performance sites shall be the sole responsibility of Participating Dancing Member, or his or her parents if a minor.

This letter is effective starting July 1, 2019 and shall continue until mutually revoked by this participating Dancing Member and Ms. Marsden & Staff.

Signed by Dancing Member _____ Enacted on this date _____

Signed by Guardian if a minor _____ Enacted on this date _____

INFORMATION SHEET IS KEPT CONFIDENTIAL