



Welcome to the ...

**LISAN DINGMAN-NAGY  
B.F.A. – L.I.S.T.D.  
CECCHETTI SOCIETY BRANCH  
SCHOOL OF BALLET ARTS**

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Website: [www.dingman-nagyschoolofballet.com](http://www.dingman-nagyschoolofballet.com) (password: **balletslippers**)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Health Card Number \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

In the event of emergency where neither parent can be reached, please give the name and number of a friend or relative who can be contacted.

Name and Phone Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have a medical condition that I should be made aware of? (allergies, asthma, etc.)

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain in detail below:

\_\_\_\_\_

Dance Experience: \_\_\_\_\_

**LIABILITY WAIVER**

I, the undersigned, in consideration of payment for the semester herein, release Lisan Dingman-Nagy from and against all claims, demands, losses, costs, damages, actions, suits or proceedings however caused, arising out of the participation of (student's name) \_\_\_\_\_

In any dance activity. I agree to indemnify and save harmless in the said Dingman-Nagy School of Ballet Arts, in the event any such are successfully made, against all claims, demands, losses, costs, damages, actions, suits or proceedings, however caused.

Signed by Parent, Guardian or Student (18 years or older)

\_\_\_\_\_  
Signature and Date: \_\_\_\_\_ Witness: \_\_\_\_\_