



Ambassadors International Ballet Folklorico

333 S. Jenson Dr. • Houston, TX 77003 • 713-923-5594

2017-2018 REGISTRATION FORM

Name of Dancer: _____ Date of Birth: _____ Sex: _____ Age: _____

School: _____ Grade: _____ School District: _____

Home Address: _____ City: _____ Zip Code: _____

Parent #1 Name: _____ Parent #1 Email: _____

Parent #2 Name: _____ Parent #2 Email: _____

Telephone: _____

Home

STUDENT CELL PHONE #

PARENT #1 CELL PHONE #

PARENT #2 CELL PHONE #

Non-refundable Registration Fee:	\$35.00 (per family/annually)
Monthly Tuition:	\$65.00 (\$35.00 for each additional dancer)
Recital Fee:	\$250.00 (per family, refundable)
Group T-shirt:	\$12.00 child \$14.00 adult \$16.00 extra sizes

Have you been or are you currently enrolled in another folklorico dance group? If so, please provide the name of the group and the years attended:

YES NO Name of Group: _____ Years Attended: _____

How did you find out about AIBF? Facebook Friend An AIBF Family Google/Internet Flyer AIBF Performance

DATA FOR EMERGENCY MEDICAL/ OR HOSPITAL SERVICE

PARENT'S OR GUARDIAN'S SIGNED CONSENT:

I, _____, PARENT/GUARDIAN/Adult Dancer, HEREBY GIVE MY CONSENT TO HAVE MY CHILD(REN) _____, DANCER'S NAME

EXAMINED BY A DOCTOR FOR MEDICAL OR SURGICAL CARE, SHOULD AN EMERGENCY ARISE OR WHEN SUCH SERVICE IS INDICATED **AND WILL ACCEPT FULL RESPONSIBILITY FOR EXPENSES INCURRED.** IT IS UNDERSTOOD THAT A CONSCIENTIOUS EFFORT MUST BE MADE TO NOTIFY ME OR ALTERNATE CONTACT PERSON.

ALTERNATE CONTACT INFO

(Person/relative to contact in case of an emergency and parents are unavailable.)

Name Relationship to Dancer Telephone/Cellular #

KNOWN ALLERGIES: _____

KNOWN MEDICAL CONDITIONS: _____

NAME OF MEDICATION(S): _____

FAMILY DOCTOR/ADDRESS: _____

SIGNATURE: _____ DATE: _____

