

BALLET ARTS ACADEMY

2016/2017 REGISTRATION AND RELEASE FORM



Student's Name: _____ Age _____ Birthday _____
Name Academic School: _____ Grade _____
Address: _____
City, State, Zip _____
Work Phone _____ Home Phone _____
Parents: _____ Email: _____

We have read, accept, and agree to have our child follow policies regarding dress requirement, attendance, studio behavior and tuition. We give our permission to seek any emergency medical treatment for our child that might be necessary if you are unable to contact us. We understand that Ballet Arts Academy involves physical movement, which may from time to time be strenuous, and that such practice carries some risk of injury.

We acknowledge that it is the students responsibility to inform the instructor at the beginning of class of any injury or other condition that may affect his/her ability to participate , and to inform the instructor immediately if any injury occurs during class.

We understand that from time to time during classes offered through Ballet Arts Academy, the instructor may give hands-on assistance to facilitate the understanding of postural alignment, technique and turnout. We hereby agree to assume full responsibility for any risk ,injuries or damages, known or unknown, which the student might incur as a result of participating the classes and/or workshops offered through Ballet Arts Academy. We voluntary waive any claim we may have against Ballet Arts Academy and its employees.

We have carefully read this release, fully understood and agree to the above

Parents Signature _____

BALLET ARTS ACADEMY

2016/2017 TUITION ENROLLMENT



ENROLLMENT : The school year is divided into 3 TRIMESTERS of 12 weeks of dance instruction each. Tuition is payable in full at the beginning of each TRIMESTER or paid in 3 equal monthly INSTALLMENTS. **ENROLLMENT IS ON A TRIMESTER BASIS ONLY** and NOT MONTHLY. A \$15.00 late charge will be placed on payments made after the 10th of the month and a \$25 charge on all returned checks. Tuition is non-refundable, non-transferable and non-adjustable unless lengthy absence or withdrawal is due to prolonged illness or injury verified by a doctor's certificate. **Please fill out Registration and Release Form and return with a \$30.00 (for 1 child) or \$35 (for more than 1 child) non-refundable fee.** Families with 3 or more children at BAA will receive a 10% discount on total tuition.

Parents Signature _____

Name of Physician _____

Allergies _____

Physician's Phone Number _____ Hospital _____

Class Level _____

I will pay per trimester \$ _____ I will pay monthly installments \$ _____

Class Days _____