



207 Kinderkamack Rd., Emerson, NJ 07630

201-970-7690

www.BalletArtsNJ.com

2016/2017 Season REGISTRATION FORM

STUDENT INFORMATION - please print.

Student Name _____
Last First

Address _____
Street City State Zip Code

Phone _____
Home Cell Preferred

E-mail _____

Birthdate _____ Age _____ Grade _____ Female ____ Male ____

Parent/ Guardian 1 _____
Last First

Parent/ Guardian 2 _____
Last First

EMERGENCY CONTACT INFORMATION

Name _____
Last First

Address _____
Street City State Zip Code

Phone _____
Home Cell Work

Relationship _____



Student Name _____

MEDICAL INFORMATION

List any allergies, medications, or medical conditions:

CLASS SELECTION

REGISTRATION PAYMENT INFORMATION (Mark Choice)

Pay in Full _____ 3 Payments (9/1, 1/1, 3/1) _____ 9 Monthly Payments _____

Number of classes per week _____ Amount _____

If paying by credit card:

Visa, MasterCard, Discover, American Express (circle one)

Name as it appears on card: _____

Credit card number: _____ - _____ - _____ - _____ Expiration date: _____

CVV code: _____

Billing Address: _____

STREET

CITY

STATE

ZIP CODE

Signature of account holder

Date

*(Please note that a 3.5% fee is added to cc payments for full and 3 payments option.)

If choosing the 9 monthly payments option: I give permission to Ballet Arts to charge my credit card on the 1st day of the month through May, 2017.

Signature of account holder

Date



2016/2017 Season

AGREEMENT AND RELEASE Student's Name: _____

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance and related arts. I understand that Ballet Arts cannot be responsible for any injuries or damages suffered by _____(student) during participation in programs at Ballet Arts. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue Ballet Arts, it's officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliates and entities (hereinafter collectively referred to as "Ballet Arts"). I hereby agree to release Ballet Arts and hold Ballet Arts harmless of all liability. I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document of my own free will in exchange for participation. With this knowledge, I give consent to participate in the program. In an emergency situation, I hereby grant permission for a staff member at Ballet Arts to seek emergency medical treatment for_____ .

Signature of Participant (Parent/Guardian if under 18) Date

MEDIA RELEASE AGREEMENT

I agree to give Ballet Arts the absolute right and permission to use my (or my child's) name, photograph(s) or likeness in promotional materials and publicity efforts. I understand that these images may be used in a publication, print ad, electronic media (e.g. video, webpage on the Internet) or other form of promotion. I release Ballet Arts and, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use and will not receive any compensation.

Signature of Participant, Parent or Guardian Date



TUITION INFORMATION 2016/2017 SEASON (Per Student)

The dance program runs from September until June, with breaks for school closings and holidays.

Tuition may be paid in 3 ways:

Pay in full by September and receive a discount.

Pay in 3 installments – due Sept. 1, Jan. 1 and April 1.

Pay in 9 monthly installments (by credit card only).

1 class per week

Paid in full \$660

3 payments of \$240

\$85 monthly for 9 months (by cc only)

2 classes per week

Paid in full \$1190

3 payments of \$420

\$150 monthly for 9 months (by cc only)

3 classes per week

Paid in full \$1675

3 payments of \$590

\$210 monthly for 9 months (by cc only)

4 classes per week

Paid in full \$2075

3 payments of \$730

\$260 monthly for 9 months (by cc only)

Unlimited classes

Paid in full \$2460

3 payments of \$880

\$305 monthly for 9 months (by cc only)

Adult Classes

10 classes - \$150

20 classes - \$280

May be used in any adult class on the schedule. Class series expire 3 months from time of first class.

Unused classes may not be used after expiration date. Special case drop-in rate \$20 per class.

Creative Movement - 8 week series - \$130 per session

Teen Yoga - 8 week series - \$130 per session

Kids Yoga - 6 week series - \$100 per session