

Adult Registration 2018-2019 Season

Student Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Any medical conditions or allergies? YES NO Please explain: _____

Emergency contact Name & Phone: _____

How did you hear about Ballet Arts? _____

Release and Agreement

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 me.

Signature: _____ Date: _____

I agree to give Ballet Arts the absolute right and permission to use my 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: _____ Date: _____

Adult Tuition Schedule

10 class card - \$150 20 class card - \$280
Class cards are to be used within 3 months and will expire after that time. \$20 drop-in rate for special circumstances.

2018-2019 Holiday Schedule

The Studio is closed on the following dates: November 8, 9, 22 & 23; Winter Break December 21 – January 1; February 18 & 19; Spring Break April 15-19; Memorial Day. Reduced schedule for summer.