



Season: 2017 - 2018

Ballet VI, Ballet V/VI, Jazz 2,
Contemporary 2, Tap/Musical
Theater Combo Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Grade: _____ School: _____

Primary Contact (Emergency) _____ Primary Phone **during class time**: _____

Primary Email Address: _____

Secondary Contact: _____ Secondary Phone: _____

Secondary Email Address _____

2017-2018 Beyond the Barre Classes

***Denotes a Performance class.**

Dance Class Options	Day / Time	Semester Tuition	Tuition Annually	Tuition Installments 1 st Semester (due 8/28/17, 10/1/17, 11/1/17)	Tuition Installments 2 nd Semester (due 1/1/18, 2/1/18, 3/1/18, 4/1/18)
*Ballet V/VI	Sundays 3:30-5:45 (DM)	\$348	\$696	\$116	\$87
*Ballet V	Tuesdays 5:15-6:45 (DM)	\$308	\$616	\$103	\$77
Ballet VI	Tuesdays 6:45-8:45 (KC)	\$348	\$696	\$116	\$87
Ballet VI	Thursdays 5:00-6:45 (KC)	\$320	\$640	\$107	\$80
Jazz 2 (ages 10 up)	Wednesdays 4:45-5:45 (HY)	\$260	\$520	\$87	\$65
Contemporary 2 (ages 10 up)	Thursdays 4:00-5:00 (KC)	\$260	\$520	\$87	\$65
Ballet V	Saturdays 11:30-1:00 (KC)	\$308	\$616	\$103	\$77
Tap/Musical Theater Combo (ages 8 and up)	Saturdays 2:00-3:00 (RP)	\$260	\$520	\$87	\$65



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My Dancer's Tuition Due 1/8/18 _____

Less Tuition Discounts:

5% sibling discount (multiply tuition only by .95) (-) _____

Tuition Total _____

Registration Fee \$30 _____ \$30

Spring Performance Fee: \$100 (due by 1/8/18) _____ \$100

Spring DVD (optional): \$20 _____

Total Due on 1/8/18 _____

Beyond the Barre 2017-2018 Consent & Waiver of Liability

Student's Name _____ Class(es) Enrolled _____

I declare I have either consulted a physician or voluntarily chosen not to consult a physician before or during the course of the program. I have been warned my student must be in good health to participate in the program and I now declare that she/he is in good health. I understand efforts will be made for me to be contacted if medical attention is required during class time. I give permission for *Beyond the Barre* instructors to seek emergency medical treatment for my child if they deem necessary. I shall indemnify, hold harmless and defend Dena Morley, instructors hired by *Beyond the Barre*, and *Beyond the Barre* against any and all claims, actions, or suits brought for damages or alleged damages, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property or from loss of life sustained by my student while my student participates in classes, rehearsals, performances and activities on the premises of the Wyoming Rec Center, Lads and Lassies Community Pre-School, Penderly Center for the Arts and other venues, where these activities may take place.

I/we permit my/our student to attend and participate in all *Beyond the Barre* activities and events. It is understood dance instruction involves kinetic corrections, which may include physically touching as part of regular class work and rehearsals. I/we also realize there are inherent risks of serious injury in all of the above activities as well as in the general participation in *Beyond the Barre* activities and events. I shall not hold Dena Morley, instructors hired by *Beyond the Barre* or *Beyond the Barre* responsible for the loss or theft of my student's personal items.

Medical Information: Please list any medical condition &/or allergies that your child may have:

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies ___ I/we understand my billing obligations
___ I/we understand the risks related to dance ___ I/we understand my responsibilities for my property



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I/we understand the dress code

I/we understand the schedule

I/we give media use rights permission

I/we understand the attendance policies

Parent Signature _____ Date _____
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Costume Measurements (due by 1/8/18)

For Performance classes only.

_____ Height _____ Waist _____ Bust _____ Shoe Size _____ Inseam
_____ Girth (measure from one shoulder, down through the crotch and back up to the same shoulder)

Please complete and return this form along with tuition to:
Dena Morley, 1209 Morts Pass, Wyoming, OH 45215

Student's Name _____ Class(es) Enrolled _____

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OFFICE USE ONLY: [] Pd in full cash/ck# _____ [] Sem 1 pd cash/ck# _____ [] Sem 2 pd cash/ck# _____
[] \$30 Registration Fee [] \$50 Winter Perf. Fee [] \$20 Winter DVD [] \$100 Spr Fee [] \$20 Spring DVD
Installments: SEMESTER 1 [] 1 cash/ck# _____ [] 2 cash/ck# _____ [] 3 cash/ck# _____
SEMESTER 2 [] 4 cash/ck# _____ [] 5 cash/ck# _____ [] 6 cash/ck# _____ [] 7 cash/ck# _____