



2015/16 STUDENT REGISTRATION

Questions on placement should be directed to the Academy Office: 512.501.8703

OFFICE USE ONLY

Received: _____

Enrolled: _____

CONTACT INFORMATION

Student Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Parent/Guardian Name: _____ Relationship to student: _____

Parent DOB: ____/____/____

Cell Phone: (____) _____ Home Phone: (____) _____

PRIMARY email: _____

How did you hear about the Ballet Austin Academy?

Website Attended Performance Current Student Digital Media Other _____

SELECT CLASS – please select the appropriate level

CM 1	CM 2	PB 1	PB 2	PB 3
Level 1	Level 2	Level 3	Level 4 A B	
Level 5	Level 6	Level 7	Level 8	Boys Scholarship

If there is a choice in days, circle the day(s) attending:

Mon. Tue. Wed. Thur. Fri. Sat.

Time: _____

PAYMENT INFORMATION: Ballet Austin accepts one of two payment options (Choose only 1)

Full Tuition Payment for the 15/16 school year

Installment Plan - First payment may be made by cash, check or credit card. All remaining payments will be scheduled on an *automatic* payment schedule (See policies below)

TO PAY BY CREDIT/DEBIT OR BANK DRAFT

Cardholder/Account Name:
Billing Address:
City, State, Zip:
CREDIT/DEBIT CARD
CC Number:
CC Exp: Security Code (CSC):
DIRECT PAYMENT/BANK DRAFT
Bank Routing Number:
Bank Account Number:

Automatic Payment Policies:

- The first installment is charged at time of enrollment
- Remaining tuition installments are charged the 1st of each month beginning September 1.
 - This schedule may be adjusted dependent on enrollment date.
- Installment plans include a payment processing fee
- Tuition is to be paid in full by May 1, 2016 – any outstanding tuition balance after this date will be automatically charged
- Credit/Debit Card Decline Fee is \$10.00
- Returned Bank Draft/Direct Payment and Returned Check Fee is \$25.00

_____ I am enrolling 2 or more children in the Academy

MAKING A GIFT TO BALLET AUSTIN

We look forward to having you join us this year and respectfully ask that you consider a gift to Ballet Austin. As a non-profit organization, all gifts are important and help support our mission to create, nurture and share the joy of dance with all!

My Gift:

<input type="checkbox"/>	\$25	<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$200	<input type="checkbox"/>	\$250	<input type="checkbox"/>	Other: \$ _____
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Pay Full Donation Amount Now

Combine My Gift with My Automatic Tuition Payment Schedule

Become a Petite Partner or Crew Call Member

Petite Partners (\$125 gift per child)

Crew Call (\$200 gift per child)

OR

Please Direct My Gift Toward:

Academy Scholarship

Ballet Austin Educational Programs

Ballet Austin Productions

**Ballet Austin is a 501(c)(3) organization and all gifts are 100% tax deductible*

Liability/Waiver Release

As the enrolled participant and/or the parent/guardian of the enrolled participant, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Ballet Austin Academy and hereby agrees to indemnify and hold harmless Ballet Austin, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the Ballet Austin Academy. The participant also agrees to indemnify Ballet Austin for any damages incurred arising from any claims, demand, action or course of action by the participant.

The enrolled participant authorizes any representative of Ballet Austin to have the participant treated in any medical emergency during their participation in activities of the Ballet Austin Academy. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. Any special medical/health problems of which the staff should be aware will be submitted to the Schools Office before participation begins.

Photograph/Likeness/Videotape Release

As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Ballet Austin, Inc. and/or its representative, agent, or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the School's Directors.

Payment/Policy & Procedures

I have read and agree to all Ballet Austin Academy Policies and Procedures posted on the website. I understand that tuition is an annual tuition and if paying it out, installments are charged on the 1st of each month. I authorize Ballet Austin to process the indicated tuition payments above, and will be responsible for any additional payments (if applicable). Tuition will be paid in full on or before May 1, 2016.

In signing below I agree to the Liability Waiver, Photo/Likeness Release and Payment/Policy & Procedures.

Signature of Billing Contact:

Date:
